

PAD Entity Closeout Notification

The following items must be completed:

1) Site: [Sitename](#) (click on sitename if incorrect)

2) Your Name: [entsit50](#)
[entunt50](#)

3) Entity ID: [entid50](#) [entnum50](#)
[entchk50](#)

4) Date of Closeout: / / (month/day/year)
(cannot be post-dated) [date50](#)

5) Reason for Close-out: [reason50](#)

1 End of Study

2 Other -> [spreas50](#) (30) for CTC use only

6) Type of Emergency Response System at Close-out: [pgmtyp50](#)

1 CPR/AED program

2 CPR only program

3 CPR program only but plan to initiate an AED program in the future

4 No Emergency Response Program

7) Were any PAD AEDs donated to the entity? [padaed50](#)

0 No

2 Not yet, but plan to in the future

1 Yes -> a) Did the site complete all state and local requirements for AED placement?

0 No [requir50](#)

1 Yes

[dtaed50](#) b) Date of donation: / / (month/day/year)

[numaed50](#) c) How many?

d) List AEDs (PAD AED ID followed by Serial Number):

For each AED listed: (RT 51)

- - SN: (1)

[entid51](#) ([entsit51](#), [entunt51](#), [entnum51](#))

- - SN: (2)

[aedid51](#) ([aedsit51](#), [aednum51](#), [aedchk51](#))

- - SN: (3)

[serno51](#) (alpha size 10 field)

- - SN: (4)

[connam50](#) (30) e) Entity Contact Name:

[conphn50](#) (10) f) Entity Contact Phone: () -

8) Your Code Number: - [code50](#)

Submit Form

(click on button to submit this information to the CTC)