



32556

Complete this form:

- For each unit and one page for back-up AEDs not in service
- At initial AED placement



Initial AED Location Log

Unit ID: **unitid25**

[] []	-	[] [] [] []	-	[]
(Site)		(Unit)		(Chk)

untsit25

untnum25

untchk25

1. Date Completed: **date25**

[] []	/	[] []	/	[] [] [] []
(month)		(day)		(year)

2. AED Information:

AED ID aedid26			serial26	entnum26	locnum26 *	dtplac26		
(Site)	(AED)	(Chk)	Serial Number	Entity	Location #	(month)	(day)	(year)
aedsit26	aednum26	aedchk26						
[] []	- [] [] [] []	- []	_____	[]	[]	[] []	/ [] []	/ [] [] [] []
[] []	- [] [] [] []	- []	_____	[]	[]	[] []	/ [] []	/ [] [] [] []
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- * Notes:**
- Location # corresponds to the entity floor plan on Final Entity Plan.
 - For AEDs not in service (i.e., "back-up" AEDs) use
 - **000** for unit number, **0** for check digit: Unit ID = (site)-000-0
 - **0** for entity number
 - **0** for location number

code25

[] []	-	[] []
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Code Number

For CTC Use Only

<input type="radio"/> Yes	[] [] [] [] [] [] [] []
<input type="radio"/> No	

AEDINIT version 01.00 07/20/00

Signature of person filling out this form

Mail or FAX: 1-888-437-4767