

**District of Columbia
Fire and Emergency Medical Services
Department**

PAD Application

Please Print

Date: _____

Application Type: **Initial** ☐ **Renewal** ☐ **AED Relocated** ☐

Organization Name _____ **Phone #** _____

Address _____ **Website** _____

_____ **Email** _____

Facility Type: **Commercial** ☐ **Gov't** ☐ **Religious** ☐ **Educational** ☐

Industrial ☐ **Recreational** ☐ **Law Enforcement** ☐

PAD Coordinator _____ **Phone#** _____

Address _____ **Email** _____

Name of Organization that provided CPR/AED Course: **American Heart Assoc.** **American Red Cross**

Other _____

Medical Oversight Physician's Name _____ **Phone#** _____

Address _____

Physician's DC License _____ **Email** _____

Please Complete for Each AED

Please Print Clearly

AED Brand _____ **AED Manufacturer** _____

AED Model _____ **AED Serial #** _____

AED Location on Site (Floor#, Room#, Landmark) _____

Is the AED equipped with Pediatric Pads? **Yes** _____ **No** _____

Is the AED compliant with the 2010 AED update? **Yes** _____ **No** _____

AED Brand _____ **AED Manufacturer** _____

AED Model _____ **AED Serial #** _____

AED Location on Site (Floor#, Room #, Landmark) _____

Is the AED equipped with Pediatric Pads? **Yes** _____ **No** _____

Is the AED compliant with the 2010 AED update? **Yes** _____ **No** _____

AED Brand _____ AED Manufacturer _____
AED Model _____ AED Serial # _____
AED Location on Site (Floor#, Room #, Landmark) _____
Is the AED equipped with Pediatric Pads? Yes _____ No _____
Is the AED compliant with the 2010 AED update? Yes _____ No _____

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AED Model _____ AED Serial # _____
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Is the AED equipped with Pediatric Pads? Yes _____ No _____
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Is the AED equipped with Pediatric Pads? Yes _____ No _____
Is the AED compliant with the 2010 AED update? Yes _____ No _____

Make more copies as needed

MEDICAL OVERSIGHT AND FACILITY COORDINATOR AUTOMATED EXTERNAL DEFIBRILLATOR PROGRAM AGREEMENT

The Oversight Physician must be licensed in the District of Columbia and oversee all aspects of the defibrillation program, including training, protocol approval, AED deployment strategies, equipment maintenance and coordination with the DC Fire and Emergency Medical Services Department. The Oversight Physician shall review each case in which an AED is used by the PAD program and make sure all pertinent data is forwarded to the DC Fire and Emergency Medical Services Department.

Facility AED Coordinator shall ensure that:

1. Expected AED users receive training from and maintain certification by the American Heart Association, the American Red Cross, or an equivalent nationally or state recognized course in cardiopulmonary resuscitation ("CPR") and use of an AED.
2. Facility defibrillators are maintained and tested according to the manufacturer's operational guidelines, and written records of maintenance and testing are maintained.
3. The AED Program is registered with the DC Fire and Emergency Medical Services Department. Notify the DC Fire and Emergency Medical Services of any changes to the program as soon as possible. Ensure \$25 application fee (check or money order) **is payable to DC Treasurer for each facility and/or site**. Direct all inquiries and correspondence to: DC Fire and Emergency Medical Services Department, Office of the Fire Chief, PAD Program Coordinator 2000 14th St NW, 5th Floor, Washington, DC 20009. Phone Number (202) 673-3320 and Fax Number (202) 462-0807.
4. Any person who uses an AED to provide emergency care or treatment on a person in cardiac arrest shall contact or designate someone to contact the Emergency Medical Services (911), as soon as possible, and shall report any clinical use of the AED to the licensed physician or medical authority.
5. Data on all AED use is reviewed by oversight Physician and submitted to the DC Fire and Emergency medical Services Department within 72 hours.
6. The Certification of registration is renewed every 4 years in accordance with DC Fire and Emergency Medical Services Department guidelines.
7. All equipment and supplies, training, certification and licenses will be kept current during the

Certification of Registration.

8. The Program AED Certificate is clearly displayed in the facility and is available for inspection if needed.

Your signature on this application represents the commitment by your facility to follow the guidelines in "The District of Columbia Public Access to Automated External Defibrillator Act of 2000". You attest that all answers and statements in this application are true and correct. Any falsification of information may result in denial, citation, suspension, or revocation of this registration.

Signature of AED Program Coordinator Date

Signature of Oversight Physician Date

Printed Name of AED Program Coordinator

Printed Name of Physician and DC License Number
