

FIRST STATE FIRST SHOCK POTENTIAL UNIT FORM

Date: _____

Organization: _____

Location: _____

Contact Person: _____

Telephone Number (include Area Code): _____

This form is used to assist the Office of Emergency Medical Services in determining appropriate locations for public access defibrillators. Please complete the form and submit to:

State AED Coordinator
Office of EMS | 100 Sunnyside Road | Smyrna, DE 19977
OEMS@delaware.gov

1. Number of days per year the facility is opened. _____
2. Number of visitors¹ _____ per day/week/month/year (Circle one.)
3. Number of residents² _____ Not Applicable _____
4. Percent of visitors over the age of 40. _____
5. Number of employees³ _____
6. Percent of employees over the age of 40. _____
7. Average number of hours a visitor may spend on the property per day _____
8. Hours per work day _____
9. Number of cardiac arrests in the last four years. _____ Unknown _____
10. Name of local police agency _____
11. Name of local Fire/EMS Agency _____

Footnotes:

1. Visitors—Individuals, including customers, who are not employees of the organization.
2. Residents—Individuals who reside in hotels, room and board facilities, nursing home, assisted living facilities, apartments, and other facilities providing sleeping rooms.
3. Employees—Individuals, including volunteers, who work for an organization.