

**Contra Costa County EMS Agency
Notice of New Public Access Defibrillation Program**

**Please complete a separate form for each AED at your location.
Keep as master. Complete and resend if information changes.**

Please mail or fax this completed form(s) to:

**PAD Program Coordinator
Contra Costa County EMS
1340 Arnold Dr., Suite 126
Martinez, Ca. 94553
(925) 646 – 4379 Fax**



Location of AED	
Name of Business	
Address	
Floor and Location Information	
Closest/Fastest Street Access	
Phone Number (Most likely to be used to call 9-1-1)	

On-Site Contact Information	
Name of On-Site Contact	
Phone Number of On-Site Contact	
E-Mail Address of On-Site Contact	
Physical Address of On-Site Contact (If different than above)	
Supervisor of On-Site Contact	
Phone Number of Supervisor	

AED Brand and Model

Medical Director	
Medical Director's Name	
Medical Director's Phone Number	
The above named physician is serving as the Medical Director for this public access defibrillation program as described in the California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 1.8. Lay Rescuer Automated External Defibrillator Regulations, Section 100031 through 100042.	