University of Alaska
AED Program Plan Requirements

Attachment 2

☐ Name of contact person ________________________________

☐ Date assigned as contact person ________________________________

☐ Name of person responsible for plan oversight ________________________________

☐ Campus ________________________________

☐ Department ________________________________

☐ Proposed location of the AED(s) ________________________________

☐ Manufacturer and model number of AED(s) ________________________________

☐ Physician who will provide a prescription and medical oversight for the device:

Name: ________________________________

Address: ________________________________

Describe AED maintenance plan ________________________________

Describe AED operator training and refresher plan ________________________________
Location where training, maintenance and use records will be maintained ________________

__________________________________________________________________________

__________________________________________________________________________

Communication plan for advising other building occupants of the presence and location(s) of AED(s)

__________________________________________________________________________

__________________________________________________________________________

Name of contact person ________________________________

Date assigned as contact person ________________________________

Name of person responsible for plan oversight ________________________________

Campus ________________________________

Department ________________________________

Proposed location of the AED(s) ________________________________

Manufacturer and model number of AED(s) ________________________________

__________________________________________________________________________

Physician who will provide medical oversight for the device:

Name: ________________________________

Address: ________________________________

__________________________________________________________________________

Describe AED maintenance plan (per manufacture’s requirements) ________________________________

__________________________________________________________________________

__________________________________________________________________________

Describe AED operator training and training refresher plan ________________________________

__________________________________________________________________________
Location where training, maintenance and use records will be maintained ________________________________

________________________________________

Communication plan for advising other building occupants of the presence and location(s) of AED(s)

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