



UNIVERSITY  
*of* ALASKA  
*Many Traditions One Alaska*

**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 \_\_\_\_\_  
\_\_\_\_\_

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Location where training, maintenance and use records will be maintained \_\_\_\_\_

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

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