**Middle Tennessee State University**

**AED APPROVAL FORM**

Contact Information: AED Owner’s Name:

 Department:

 Phone:

 Email Address:

Suggested Location: Building:

 Address:

 Floor(s): Room # or Nearest Room #:

Building Type: (Administrative, academic, support facility, etc.)

Criteria for consideration for AED request approval by AED Coordinator: [Circle appropriate item(s).]

* Interest on part of department/unit.
* Recommendation from Central administration.
* Data that indicate that population (visitors, faculty, staff, students) has a significant proportion of people over 55-60 in the building.
* Data that indicate time for AED arrival is over (or could be over) three minutes the majority of the time.
* Activity in the building that significantly increases the likelihood of cardiac arrhythmias that are life threatening (for example, regular electrical work).
* Regulatory requirement for AED for grant funding or accreditation.
* Have funds available for AED training and purchase of AED(s), supplies, and a set of spare electrode pads.
* Can appoint an AED Director.
* Will implement CPR/AED training prior to installation.
* Will train sufficient staff in order to have at least one trained staff person on site during normal business hours.
* Will implement Bloodborne Pathogen Exposure Control Training for all AED responders.
* Will develop a Department/Unit AED Response Procedure and AED Program Written Plan.
* Will submit the Department/Unit AED Response Procedure and AED Program Written Plan to the AED Coordinator for approval prior to purchasing AED(s).

Number of AEDs requested: (If more than one, justify with attached statement.)

This department/unit requests to purchase pediatric AED electrode pads? Yes No (Required if department/unit entertains children between 1-8 years old.)

Explain the need for pediatric AED electrode pads:

Submit along with this request a Department/Unit AED/CPR Team Roster. (Note: These individual(s) will be required to have AED/CPR training and perform routine checks of the unit(s).)

AED Director:

Contact:

Phone:

Email Address:

AED Owner and Director are responsible for operating and maintaining the device in conformance to the Middle Tennessee State University AED Program that lists the Policy and Procedures.

I agree to abide by the policy and procedures for training, regular maintenance and purchase set forth in the AED Program. (Circle One) Yes No

Signature of AED Owner: Date:

The AED Director is the person in the building/unit responsible for the compliance of the University’s AED policy and procedures, including training, maintenance, testing, and record keeping.

I agree to abide by the policy and procedures outlined for training, regular maintenance, purchase, and other items set forth in the AED program. (Circle One) Yes No

Signature of AED Director: Date:

This Request Form must be approved and returned by the AED Coordinator before purchasing AED(s).

AED Coordinator Approval Date:

Signature of AED Coordinator: