

Official Use
Only-
AED# _____
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CSD File: GBGBA-R –Form-

**New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services**



**Instructions for Completing the
Automated External Defibrillation (AED) Registry Form**

Listed below are instructions intended to assist you while completing the AED Registry Form. The line numbers on this form correspond with the line numbers on the AED Registry Form. If you have any questions or need further assistance completing the form, please contact the NH Bureau of EMS at (603)271-4615 or 866-552-2661 X 230.

Line 1	Required by RSA 153 A:32, list the name of the entity providing the AED program.
Line 2	List the name and phone number, including area code, of the individual at entity to contact for information/questions about the AED program.
Line 3	Select an entity type by placing a checkmark next to the description that best applies to the entity. If "Other" is selected, please specify an entity type.

Line 4	Required by RSA 153 A:32, indicate the street address, city, state and zip code of building/grounds where the AED is located. This address will be entered into the NH 9-1-1 database.
Line 5	Required by RSA 153 A:32, indicate the phone number, including area code, of building/grounds where the AED is located. This number will be entered into the NH 9-1-1 database.
Line 6	Indicate the number of providers trained to use the AED at entity.
Line 7	Describe where the AED is physically located in building/grounds using reference points and landmarks to describe the precise AED location. This description will be entered into the NH 9-1-1 database.

Line 8	List the AED Supplier name.
Line 9	List the AED Manufacturer name.
Line 10	List the AED serial number and AED model number.