



State Of Delaware
Office of Emergency Medical Services

Application for Automatic External Defibrillator Service Provider
Delaware Early Defibrillation Program
First State, First Shock! Program

Print Clearly and Answer All Sections Completely

Type (Check One):
[ ] Initial Application (Requesting New AED) [ ] Change [ ] Registration Only (Privately Owned)

Agency Name:

Coordinator:

Phone:

Street Address:

Email:

City:

DE

Zip:

Fax:

Type of Service:
[ ] EMS/Fire/Rescue [ ] Law Enforcement/Corrections [ ] Business/Industrial
[ ] Senior/Youth Center [ ] School/Higher Education [ ] Government
[ ] Healthcare [ ] Public Assembly
[ ] Other (Please Describe)

Provide the following attachment (All entities except Fire/EMS/Law Enforcement):
1.) Statement from business or agency chief officer supporting program implementation.

Signature of Service Coordinator:

Date:

OEMS Use Only Below This Line

Received by OEMS (Initial/Date):

Reviewed By: (Initial/Date)

Status:
[ ] Entered into Database [ ] Awaiting Additional Info [ ] Delivered
Date: Date:
#: #:

Comments:



# State Of Delaware Office of Emergency Medical Services

## Application for Automatic External Defibrillator Service Provider Delaware Early Defibrillation Program First State, First Shock! Program

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It is important to recognize that just placing an AED is not enough. A PAD (Public Access Defibrillator) program in an ongoing event and should be reviewed on a regular basis and improved whenever possible.

*(Fire/EMS/Law Enforcement are exempt from this requirement.)*

**Each PAD program should include the following major components:**

1. Has the agency/business/organization/community previously been issued an AED?  
 Yes     No (*priority is given to those organizations who have not yet received an AED*).
  
2. A representative from the agency/business/organization/community will be appointed to ensure the implementation of the AED program  
 Yes    Name of the AED Coordinator
  
3. People in the agency/business/organization/community are trained in the use of the AED & CPR.  
 Yes     No
  
4. A plan is in place to train others in the agency/business/organization/community in CPR has been established.     Yes     No
  
5. Will the AED be in a secure, but easily accessible?  
 Yes    Location:
  
6. Scheduled maintenance checks of the AED unit will be performed according to the manufacturer's recommendations.     Yes    By whom:
  
7. Upon receipt of the AED unit, you will guarantee the AED unit will be registered with the State Office of Emergency Medical Services.     Yes (*the registration form is located on the website [oems.gov](http://oems.gov)*)

FIRST STATE FIRST SHOCK POTENTIAL UNIT FORM

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number (include Area Code): \_\_\_\_\_

This form is used to assist the Office of Emergency Medical Services in determining appropriate locations for public access defibrillators. Please complete the form and submit to:

State AED Coordinator  
Office of EMS | 100 Sunnyside Road | Smyrna, DE 19977  
OEMS@delaware.gov

1. Number of days per year the facility is opened. \_\_\_\_\_
2. Number of visitors<sup>1</sup> \_\_\_\_\_ per day/week/month/year (Circle one.)
3. Number of residents<sup>2</sup> \_\_\_\_\_ Not Applicable \_\_\_\_\_
4. Percent of visitors over the age of 40. \_\_\_\_\_
5. Number of employees<sup>3</sup> \_\_\_\_\_
6. Percent of employees over the age of 40. \_\_\_\_\_
7. Average number of hours a visitor may spend on the property per day \_\_\_\_\_
8. Hours per work day \_\_\_\_\_
9. Number of cardiac arrests in the last four years. \_\_\_\_\_ Unknown \_\_\_\_\_
10. Name of local police agency \_\_\_\_\_
11. Name of local Fire/EMS Agency \_\_\_\_\_

Footnotes:

1. Visitors—Individuals, including customers, who are not employees of the organization.
2. Residents—Individuals who reside in hotels, room and board facilities, nursing home, assisted living facilities, apartments, and other facilities providing sleeping rooms.
3. Employees—Individuals, including volunteers, who work for an organization.