

AED REGISTRATION FORM

PLEASE RETURN COMPLETED FORM TO:

Heart and Stroke Foundation, Manitoba 1379 Kenaston Boulevard, Winnipeg, Manitoba, R3P 2T5 Phone:(204) 949-2000 Fax:(204) 957-1365 E-mail:mbresuscitation@heartandstroke.ca

☐ New Registration	on 🗖 U	pdating Informa	ation Registration Date		
Business or Individual Name					
Nature of Business					
Mailing AddressStreet Address/Box Numb			per City/Town	Postal Code	
MANDATORY FIELD Physical Address for 911					
AED Coordinator Name					
AED Coordinator E	-mail Address	S			
AED Coordinator Phone Number			Fax Number		
MANDATORY FIELD Internal Emergency Response Phone Number (Should a 911 call come in from this site, the 911 Dispatchers may call this number to ensure the internal emergency response plan has been activated with the AED (i.e. Switchboard, Security Office, etc.).					
Distributor Year Purchased					
AED Brand	AED Model	Serial Number	Location of AED (Please be as specific as possible)	HSF-assigned Registration #	
1					
2					
3					
4					
AEDs publicly accessible?					
AEDs accessible year-round?					
Additional Information					

The Heart and Stroke Foundation in Manitoba is committed to protecting the privacy of your personal Information. The information being gathered on this form will be used exclusively to maintain a registry for the use of HSF in Manitoba, WFPS and rural EMS.

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