

# SA Ambulance Service AED Register

## REQUEST FOR CHANGE/ADDITION

### Request Type

Change/Deletion/Addition	
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### 1 AED Location

Business Name (if applicable)	
Street Address	
Building Level/Floor	
Latitude (Decimal)	
Longitude (Decimal)	
Location Description	

### 2 AED Hardware

AED Manufacturer	
AED Model	
Date Last Serviced	
Current Availability (Available/Not Available)	
Expected Date of Availability (if applicable)	

### 3 AED Access

Hours of Access (Your business hours or 24/7)	
Public Access Options (Yes or No) *	
<p><i>*By registering your device as publicly accessible ("Yes"), you are agreeing that nearby callers to Triple Zero may be given directions to the site or location registered herein, in the event of a suspected cardiac arrest. See also SAAS AED Registration Terms &amp; Conditions : <a href="http://www.saambulance.com.au/ProductsServices/Forms.aspx">www.saambulance.com.au/ProductsServices/Forms.aspx</a></i></p>	

### 4 AED Owner

Business Name (if applicable)	
Responsible Person Contact Name	
Postal address (if different from location)	
Responsible Person Contact Telephone	
Responsible Person Contact Fax	
Responsible Person Contact Email	
Contact Telephone of Staff Location Nearest AED (e.g Security or Reception)	

SAAS  
HEART Program

