

Public Access Defibrillation AED Registration Form

AED ID Number:
Latitude:
Longitude:

Office Use Only

This form must be downloaded to enable the submit button.

☐ I am registering a new AED

☐ I am updating a registered AED

Location Information	
Date:	
Location / Business Name:	
Street Address:	
City / Province / Postal Code:	
Phone Number:	
Legal Land Location:	(If Rural Location)
Driving Directions:	(If Legal Land Location Provided)

Primary Contact	
Name:	
Phone Number:	
Email Address:	

Secondary Contact	
Name:	
Phone Number:	
Email Address:	

Public Access Defibrillation Program
Saskatchewan Health Authority
1350 Albert St. Regina, SK S4P 3R8

306-766-6265 | Cell 306-533-0027 | pad@saskhealthauthority.ca



AED Information			
Manufacturer:			
Type / Model:			
Serial Number:		Install Date:	

Battery Information	
Battery Expiry:	
Battery Expiry:	
(if more than one battery)	

Electrode Pad Information	
Electrode Pad Expiry:	<input type="checkbox"/> Adult <input type="checkbox"/> Child / Pediatric
Electrode Pad Expiry:	<input type="checkbox"/> Adult <input type="checkbox"/> Child / Pediatric
(in more than one electrode pad)	

AED Availability	
<input type="checkbox"/> Public	<input type="checkbox"/> Private

Daily Availability

Seasonal Availability

Placement Details
(short easy description of location e.g. on wall beside washrooms)

Notes

