

Automated External Defibrillator Annual Registration

The Automated External Defibrillator (AED) Ordinance of Boone County, Missouri, requires that all persons owning an AED register the device annually with the Columbia/Boone County Health Director.

Please complete the following information and mail to:

**Health Director
Columbia/Boone County Health Department
P.O. Box 6015
Columbia, MO 65205**

Physical Location of AED (if more than one is owned, list location of each device):

AED Owner:

Name _____
Address: _____
City, State, Zip _____
Phone: _____
E-mail: _____
Brand/Model: _____

Medical Protocol:

Physician Name: _____
Address: _____
City, State, Zip _____
Phone: _____

Please answer the following:

	Yes	No
Is a copy of the medical protocol maintained on file by the owner?	_____	_____
Are potential users trained in AED use and CPR certified?	_____	_____
Is a list of persons trained to use the AED maintained on file by the owner?	_____	_____
Are records of use and quality assurance evaluations maintained on file by the owner?	_____	_____
Has the AED been tested and maintained per the manufacturer's operating guidelines?	_____	_____
Date of last testing and / or service of the AED: _____		

For Annual Renewals Only:

How many times has the AED been used in the last 12 months? _____

Did the Physician / Medical Director review each use? ____ Yes ____ No

I certify that the above information is correct

Owner: _____

Physician: _____

Date: _____

Date: _____

For additional information or assistance, contact the Health Department at 573-874-7345