CONTRA COSTA HEALTH SERVICES
Emergency Medical Services

1340 Arnold Drive, Suite 126
Martinez, California
94553-1631
Ph (925) 646-4690
Fax (925) 646-4379

Contra Costa County EMS Agency AED Replacement Form

Please send form to ems.event@hsd.cccounty.us

Date	
Customer/ Business	
Requestor Name	
Address (location of AED)	
City/Zip	
AED Site Contact (if different than requestor)	
Email	
Phone Number	

Please answer the following questions regarding your AED device.

Device Type	
Make/Model	
Manufacture	
Serial # (found on back of device)	
Items Requested	☐ **Battery** ☐ **Adult Pads** ☐ **Child/Pediatric Pads**

Signature:

_____ _____
Requestor Date

_____
Print Name (Requestor)

Internal Use Only

Approved by:

_____ _____ _____ _____
EMS Agency Date Alliance (AMR) Date

Fulfillment Date: By: