

**EASTERN MICHIGAN UNIVERSITY**  
**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**  
**REQUEST FORM**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Building/Facility AED to be located in: \_\_\_\_\_

Please provide justification for purchasing an AED(s) for your building:

What would be the population served by this AED (e.g. events, community service):

What is the average number of people in the building for an event? \_\_\_\_\_

What is the average number of people in the building on a workday? \_\_\_\_\_

Who will be the designated person(s) in the building responsible for compliance with the EMU AED Program, including training, maintenance and recordkeeping?

How many AEDs are you requesting and where are you proposing to locate the unit(s)?

How will the AED(s) and installation(s) be funded?

Please submit the completed form to Environmental Health and Safety, 1200 Oakwood