

Michigan State University
Automated External Defibrillator (AED)
Application/Request Form

After completing this form send to: University Physician's Office, Olin Health Center
463 E. Circle Dr., East Lansing, MI – fax: 517-355-0332, e-mail: uphys@msu.edu

Contact Name: _____

Unit/Building Name: _____

Unit Type: _____
(Administrative, academic, support facility, etc)

Briefly explain your plan for initial and ongoing training of personnel in the use of an AED
(or attached on a separate page):

Who is the designated person in the building responsible for the compliance of the
University's AED policy, including training, maintenance, testing, and recordkeeping?

How many AEDs are you requesting? _____

Proposed location of the AED/s in the building: _____

Do you agree to abide by guidelines for training, regular maintenance, purchase set forth in
the guidelines? Yes No