

Request for AED

Unit Name: _____

Unit Type: (administrative, academic, etc.) _____

Population served: _____

Average number of people in building for event or workday: _____

Average age of population served in the building: _____

Reason for request: _____

Person who will be responsible for training and monitoring equipment and maintenance schedule: _____

Authorization: _____

** Please see University Physician's Office Web site for criteria for requesting approval to have an AED installed. The Web site address is <http://uphys.msu.edu>.