



UNIVERSITY
of ALASKA
Many Traditions One Alaska

**University of Alaska
AED Program Plan Requirements**
Attachment 2

- Name of contact person _____
- Date assigned as contact person _____
- Name of person responsible for plan oversight _____
- Campus _____
- Department _____
- Proposed location of the AED(s) _____

- Manufacturer and model number of AED(s) _____

- Physician who will provide a prescription and medical oversight for the device:
Name: _____
Address: _____

- Describe AED maintenance plan _____

- Describe AED operator training and refresher plan _____

Location where training, maintenance and use records will be maintained _____

Communication plan for advising other building occupants of the presence and location(s) of AED(s)

Name of contact person _____

Date assigned as contact person _____

Name of person responsible for plan oversight _____

Campus _____

Department _____

Proposed location of the AED(s) _____

Manufacturer and model number of AED(s) _____

Physician who will provide medical oversight for the device:

Name: _____

Address: _____

Describe AED maintenance plan (per manufacture's requirements) _____

Describe AED operator training and training refresher plan _____

Location where training, maintenance and use records will be maintained _____

Communication plan for advising other building occupants of the presence and location(s) of AED(s)
