

## Automated External Defibrillator Annual Registration

The Automated External Defibrillator (AED) Ordinance of Boone County, Missouri, requires that all persons owning an AED register the device annually with the Columbia/Boone County Health Director.

**Please complete the following information and mail to:**

**Health Director  
Columbia/Boone County Health Department  
P.O. Box 6015  
Columbia, MO 65205**

**Physical Location of AED (if more than one is owned, list location of each device):**

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**AED Owner:**

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
**Brand/Model:** \_\_\_\_\_

**Medical Protocol:**

Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please answer the following:**

	<b>Yes</b>	<b>No</b>
Is a copy of the medical protocol maintained on file by the owner?	_____	_____
Are potential users trained in AED use and CPR certified?	_____	_____
Is a list of persons trained to use the AED maintained on file by the owner?	_____	_____
Are records of use and quality assurance evaluations maintained on file by the owner?	_____	_____
Has the AED been tested and maintained per the manufacturer's operating guidelines?	_____	_____
Date of last testing and / or service of the AED: _____		

**For Annual Renewals Only:**

How many times has the AED been used in the last 12 months? \_\_\_\_\_

Did the Physician / Medical Director review each use? \_\_\_\_ Yes \_\_\_\_ No

I certify that the above information is correct

Owner: \_\_\_\_\_

Physician: \_\_\_\_\_

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

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

**For additional information or assistance, contact the Health Department at 573-874-7345**