



County of Simcoe
Paramedic Services
1110 Highway 26,
Midhurst, Ontario L0L 1X0

Main Line 705-719-9398 Ext. 6
Toll Free 1-866-768-7654
Fax 705-725-5495
Web: simcoe.ca



Public Access Defibrillator Registration with 911

All Public Access Defibrillators (PAD's) in the County of Simcoe Paramedic Services PAD Program are registered with the Georgian Central Ambulance Communications Centre (CACC). Registering an Automatic External Defibrillator (AED) with the CACC allows a 911 dispatcher to advise a caller reporting a cardiac arrest if there is an AED in the building. It is important that registered sites notify us of any of the changes regarding the AED including:

- Change of facility address
- Change to location of the AED within the facility
- Removal of the AED or the AED not in a "ready to rescue" state
- Contact person's name, phone number and email

If you have an AED that is not a part of the County of Simcoe PAD Program and would like to register it with our CACC, please fill out the "Independent Facility Registration Form" located at the bottom of this page. The form can also be obtained through contacting the CSPS PAD Program at: pad.program@simcoe.ca. Please send your completed form to the PAD Program by email (pad.program@simcoe.ca) or by fax to (705) 725-5495.

The County of Simcoe Paramedic Services PAD Program is not responsible for independent AEDs registered through us. This registration gathers information to allow Georgian CACC to direct 911 callers to a buildings' AED in case of a cardiac arrest. There is no charge for independent defibrillator registration with Georgian CACC.



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 Defibrillation Program
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 Fax (705) 725-5495
simcoe.ca



Automated External Defibrillator (AED) Registration & Information Update Form

New AED Registration Update of AED/Expiry Information Update of Contact Information

A) BUSINESS INFORMATION			
Business Name			
Contact Name		Title/Position	
Contact Email	Phone Number	Fax Number	<input type="checkbox"/> N/A
Address (Unit, Number, Street)		City/Town	Postal Code
Alternate Contact Phone		Alternate Contact Email	

B) GENERAL INFORMATION
AED Vendor/Supplier Company Name: _____
First Aid/CPR Training Provider:
<input type="checkbox"/> St. John <input type="checkbox"/> Red Cross <input type="checkbox"/> Heart & Stroke Other: _____

C) AED INFORMATION (if registering more than one AED for this location please use page 2 for additional units)								
AED Brand <small>(e.g. Zoll, Philips)</small>	AED Model <small>(e.g. AED Plus, CR Plus)</small>	Serial Number <small>(e.g. X121565980)</small>	Adult Pad <small>Expiry Date</small>	Child Pad <small>Expiry Date</small>	Spare Pad <small>Expiry Date</small>	Battery <small>Expiry Date</small>		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
Location of AED: <i>(e.g. Main lobby next to reception, 1st floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____		Month Removed From Service: _____				
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE	Latitude: _____		Longitude: _____			

By signing below, I authorize County of Simcoe Paramedic Services and the Ministry of Health to utilize the above information to register this facility as a defibrillator-equipped facility. This information may be shared with other allied Emergency Services if requested.

I acknowledge that the County of Simcoe Paramedic Services PAD Program is not responsible for the maintenance of the(se) defibrillator(s).

I acknowledge that the above facility must notify the County of Simcoe Paramedic Services PAD Program with any changes to the above contact information, location of defibrillator(s), brand/model & expiry date information, and condition of the defibrillator(s).

Signature: _____ **Date:** _____

Title: _____

Registering your facility allows County of Simcoe Paramedic Services to identify cardiac safe facilities and provide updates on public access defibrillation to your facility. Your yearly completion of this form is appreciated.

Please email completed forms to pad.program@simcoe.ca or fax to (705) 725-5495.



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PARAMEDIC SERVICES



Please use this page if there is more than one AED at the facility.

D) AED #2								
AED Brand <i>(e.g. Zoll, Philips)</i>	AED Model <i>(e.g. AED Plus, CR Plus)</i>	Serial Number <i>(e.g. X121565980)</i>	Adult Pad <i>Expiry Date</i>	Child Pad <i>Expiry Date</i>	Spare Pad <i>Expiry Date</i>	Battery <i>Expiry Date</i>		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
Location of AED: <i>(e.g. Main lobby next to reception, 1st floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____			Month Removed From Service: _____			
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE		Latitude:		Longitude:		

E) AED #3								
AED Brand <i>(e.g. Zoll, Philips)</i>	AED Model <i>(e.g. AED Plus, CR Plus)</i>	Serial Number <i>(e.g. X121565980)</i>	Adult Pad <i>Expiry Date</i>	Child Pad <i>Expiry Date</i>	Spare Pad <i>Expiry Date</i>	Battery <i>Expiry Date</i>		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
Location of AED: <i>(e.g. Main lobby next to reception, 1st floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____			Month Removed From Service: _____			
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE		Latitude:		Longitude:		

F) AED #4								
AED Brand <i>(e.g. Zoll, Philips)</i>	AED Model <i>(e.g. AED Plus, CR Plus)</i>	Serial Number <i>(e.g. X121565980)</i>	Adult Pad <i>Expiry Date</i>	Child Pad <i>Expiry Date</i>	Spare Pad <i>Expiry Date</i>	Battery <i>Expiry Date</i>		
			M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___	M: ___ Y: ___		
Location of AED: <i>(e.g. Main lobby next to reception, 1st floor)</i>								
Hours AED Accessible	<input type="checkbox"/> 24 Hrs	Mon ___	Tue ___	Wed ___	Thu ___	Fri ___	Sat ___	Sun ___
Seasonal Accessibility	<input type="checkbox"/> All Year	Month In Service: _____			Month Removed From Service: _____			
Publicly Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE USE		Latitude:		Longitude:		