

COUNTY OF CARTERET
DEPARTMENT OF EMERGENCY SERVICES



Office 252-222-5841

TO: Citizens of Carteret County
FROM: Carteret County EMS
RE: Registering Your Automated External Defibrillator (AED)

Please take a minute to complete this form and register your AED. This is a very important step in helping us save lives. When you register your AED, the information on the form will be put into the 9-1-1 Dispatch Centers' computer. Once your AED location is registered, should anyone call 9-1-1 from your location we can advise them there is an AED on site and where to locate it. The 9-1-1 Emergency Medical Dispatchers can then assist the caller in using the AED, even if the caller has never seen an AED before.

Please be very specific as to where the AED located. It is most helpful that the exact location is entered on the form so the AED location is entered correctly into the 9-1-1 center computer. For example, please list floor, office number, or other information that will help an individual find your AED in the event of an emergency. Rest assured that this information will only be shared between the North Carolina Office of EMS and Carteret County EMS System.

We will not disclose the information to any other parties without contacting you first.

Thank you for purchasing and registering your AED. Your commitment may well save lives. Should you have any questions, please do not hesitate to contact Carteret County EMS at 252-222-5841.

If there are any changes with the AED such as moving its permanent location, no longer in service, business closes or changes, please notify this office so we can update our files.

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CARTERET COUNTY EMERGENCY MEDICAL SERVICES
ATTN: EMS Coordinator
3820 Bridges Street Suite D, Morehead City, NC 28557
(Fax) 252-222-5848

AED Registration Form

Please complete form and mail / fax to the address above. Please call if you have questions.

Purchaser: _____

Contact Person: _____

Mailing Address: _____

Contact Phone Number: _____ FAX: _____

Email: _____

AED Type and Model: _____

Address of AED: _____

Exact Location of AED: _____ Use back if more space is needed.

Is AED enclosed in a storage cabinet? Yes No Is the area marked with AED signs? Yes No

Date of Purchase: _____