

AED (defibrillator) registration form

Once your AED location is registered, if anyone calls 111 from your location they can be advised there is an AED on site. This is not a public listing; it's only if someone calls 111 from your location. Email completed form to michelle.mcinnnes@stjohn.org.nz or olive.taylor@stjohn.org.nz



St John
Here for Life

*Required information

*Contact persons details

First name:

Last name:

Email:

Phone number:

Company/organisation name (if applicable):

Mailing address:

*Physical location of AED

Business name:

Street address:

Where is the AED located at the address given? Be as specific as possible, e.g. behind desk at reception:

Access/entry issues Ambulance Officers need to be aware of:

*AED information

AED model name (if known):

Hours AED is available:

AED cabinet lock code number (if applicable):

Optional information

Secondary contact person:

Phone number/email address:

Pads expiry date:

Battery expiry date:

We recommend listing your AED unit publicly on www.aedlocations.co.nz. Responsibility for the maintenance, working condition and availability of the AED at the location indicated remains with the group/organisation registering the AED.