

Defibrillator (AED) Loan Request

- Primary contact name*

First Last

This person will be responsible for receiving the required training in advance of the event and will be responsible for the AED unit while on loan.

- Address*

Street Address Address Line 2 City Postal Code

- Phone*

- Email*

- Secondary contact name

First Last

- Backup contact phone

- Event name

- Event date*

Below, please request the dates you would like to check out and return the PAD unit. Check out and returns are available ONLY Monday to Friday between 7:30 am and 4:30 pm.

- Requested check out date*

- Requested return date*

- Event location

Street Address Address Line 2 City Postal code

- Event start time

:HH

MM

- Event end time

:HH

MM

- Does the venue have a PAD on site?

- Yes

- No

- Where at the venue will the loaned PAD be kept during your event?

- Event website, if available

- Estimated attendance?

- What type of event is this?

- Community, school or church

- Company

- Family

- Sport or athletic

- Event with guests at risk for cardiac arrest

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- Please describe why having an AED is important for this event.

- Have you received a PAD on loan from Dufferin County Paramedic Service before?

- Yes

- No

How did you hear about Dufferin County Paramedic Services defibrillator loaner program?