

Isle of Man Ambulance Service - Defibrillator registration form	
Organisation	
Address	
Main switchboard number	
Please provide details of 2 Guardians within your organisation that can be contacted regarding your defibrillator. Guardians will be the main point of contact between us and your organisation and will look after the defibrillator and check that it is serviceable:	
Guardian 1 name	
Guardian 1 email	
Guardian 1 telephone number	
Guardian 2 name	
Guardian 2 email	
Guardian 2 telephone number	
Defibrillator details	
Location Defibrillator is kept	
Access times that AED will be available (normal opening hours)	
Defibrillator make and model	
Defibrillator serial number	
Adult Defib pads expiry date	
Paediatric Defib pads expiry date (if applicable)	
Is a paediatric key included with Defibrillator (Philips FRX only)	
Is your Defibrillator in a locked building:	
Is your Defibrillator in a locked cabinet that requires a key or a code in order to access it?	
Other information	
Do you agree for your Defibrillator information to go on the Ambulance control data base and mapping system? (The ambulance control mapping system will give the ambulance service full access to all the details you provide here)	Y / N
Do you agree for your Defibrillator information to go on the public mapping system? (We will only show the location, address telephone number and defibrillator availability on the public mapping system)	Y / N
Do you give permission for the Ambulance Service to direct members of the public to your organisation and will you make your defibrillator available to someone outside your organisation who may be suffering a cardiac arrest? (A cardiac arrest in the street, in a nearby building or organisation where a defibrillator is not available)	Y / N
Do you agree for us to contact your organisation and the contacts above regarding the defibrillation scheme on the Isle of Man	Y / N

Your details will be used in the administration of the Isle of Man Ambulance Service defibrillation scheme. We will not pass your details to any 3rd party without your consent.

Please send your completed form to:

PAD scheme
Isle of Man Ambulance Service
Cronk Coar
Nobles Hospital
Braddan
IM4 4RJ

Or email your completed forms to defibs@gov.im (this is not an emergency email address).