



**AED Site Assessment General Survey**

**1. Total Facility Personnel Count:**

Peak #: \_\_\_\_\_ Time Range(s): \_\_\_\_\_

Low #: \_\_\_\_\_ Time Range(s): \_\_\_\_\_

Average number of hours in work day: \_\_\_\_\_

**2. Nurse's Clinic On-site?**  Yes  No If yes,

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**3. Fitness Facility On-site?**  Yes  No If yes,

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**4. On-site Public Safety Personnel:**

**Security:**

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Fire:**

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Safety:**

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**5. Nearest Hospital(s):**

\_\_\_\_\_

**6. Is there a coordinated training program for CPR, AED or First-aid?**  Yes  No If yes,

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Estimated # of personnel currently trained in CPR and/or AED? \_\_\_\_\_



**7. Is there a coordinated program of “Floor Captains,” “Hall Monitors” or other persons designated to respond to non-medical emergencies?**  Yes  No If yes,

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Describe Program:

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Are these persons trained in  CPR?  AED? . First-aid? (*check all that apply*)

**8. Sequence of Events:**

Currently, what chain of events would take place in the event of a medical emergency?  
(*please number in the order in which they take place*)

\_\_\_\_\_ Call security via . phone . radio . pager

\_\_\_\_\_ Call medical via . phone . radio . pager

\_\_\_\_\_ Call safety via . phone . radio . pager

\_\_\_\_\_ Call building operator . phone . radio . pager

\_\_\_\_\_ Call 9-1-1

\_\_\_\_\_ CPR started

\_\_\_\_\_ Internal team responds

\_\_\_\_\_ Someone sent to meet responding EMS? If yes, who? \_\_\_\_\_

\_\_\_\_\_ Other (*please describe*) \_\_\_\_\_

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**9) How is EMS notified and by whom?**

- Contacted by those witnessing emergency
- Contacted by security
- Contacted by safety
- Contacted by medical
- Contacted by building operator
- Other (*please describe*) \_\_\_\_\_

**10) Do any potential responders carry a two-way radio?**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Security | <input type="checkbox"/> Maintenance       |
| <input type="checkbox"/> Safety   | <input type="checkbox"/> Supervisory staff |
| <input type="checkbox"/> Medical  | <input type="checkbox"/> Other _____       |

**11) Is there a facility-wide public address system?  Yes  No****If yes, how is it accessed?**

- |   |
|---|
| <input type="checkbox"/> Anyone can page from any phone         |
| <input type="checkbox"/> Only accessible from building operator |
| <input type="checkbox"/> Other ( <i>please describe</i> ) _____ |

**12) Are first-aid equipment / supplies available and where are they located?**  

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**13) Are there any internal security policies that may affect this AED program?****a) Are guards able to leave their post to in an emergency? Y \_\_\_\_\_ N \_\_\_\_\_**

Comments \_\_\_\_\_

**b) Are all floors / areas of the facility accessible to responders during all shifts?**

Y \_\_\_\_\_ N \_\_\_\_\_

**c) Are any security desks / checkpoints manned 24 hours? Y \_\_\_\_\_ N \_\_\_\_\_**

Comments \_\_\_\_\_

**AED Location Recommendations**

Using the building diagrams or knowledge from building tour, identify a central location that appears appropriate for the placement of an AED. When determining this location, you should consider locating AEDs:

- In highly visible, highly accessible locations
- Near points of travel such as stairs or elevators
- Close to potential responders (safety, medical, security personnel, etc.)
- Near high risk areas such as fitness facilities, cafeterias, areas of strenuous physical activity or electrical work, or high population centers
- At standardized locations in multi-level buildings
- Near telephones or occupied offices