

**Sacramento County Emergency Medical Services Agency
Non-Licensed / Non-Certified Personnel
Automated External Defibrillator (AED) Provider
Utilization Report Form**

This document serves as a utilization reporting form for Sacramento County Automated External Defibrillator (AED) Providers utilizing Non-Licensed or Non-Certified Personnel. Please complete and submit this form after each application of the AED.

Organization / AED Provider Name: _____

Street / City / Zip: _____

Authorized Representative / Contact Person - Name: _____ Phone: _____ Fax: _____

AED Location(s) / Description of Service Area: _____

Date and Description of AED Utilization: _____

Provider Authorized Representative:

Print Name: _____

Signature: _____ Date: _____