



THE UNIVERSITY OF OKLAHOMA
The Department of Campus Safety (CampusSafety@ou.edu)
Automated External Defibrillator (AED) PETITION (FORM A)

Name:

Business Phone: Cell Phone:

Email Address:

Department:

Number of AEDs:

Building address:

Proposed floor level or levels for AEDs:

Location of the proposed AED on each floor level:

- 1.) Does the department have the ability to pay for the AED including the associated maintenance and training costs?
- 2.) Has the department identified staff that will be recognized as designated AED users?
- 3.) Can the department commit an internal site coordinator who will be responsible for purchasing, inspecting and maintenance of their AEDs, ensuring designated user training and recordkeeping?

Site Coordinator Name:

Business Phone: Cell Phone:

Email Address:

Building Name: Office#:

Building Address:

Applicant Signature: Date: