**AED 1 AED 2**

|  |  |  |
| --- | --- | --- |
| **Name of Scheme / Organization / Owner** |  |  |
| **Address / Location including County****where AED can be accessed**  |  |  |
| **Eircode of building or nearest building (must be included)** |  |  |
| **Reference Point: Where exactly it is…. On which wall/area on building etc** |  |  |
| ***Time AED is accessible******i.e. 24/7 / office hours 0900-1700***  |  |  |
| **Access Code for Box**  |  |  |
| **NAS Ref: OFFICE USE ONLY** |  |  |

# **The *NAS are NOT responsible for the Maintenance / Registration or Deployment of AED’s. The care and aftercare of AED’s is the sole responsibility of the Scheme Organization / Owner.***

**Completed forms must be returned to: FAO Anthony Byrne, ACAO, Regional Ambulance Headquarters, Kilcreene Hospital Campus, Ballycallan Road, Kilkenny, R95 HY8N**