

Reference No. 474, Addendum B
Effective 06/01/08

SIERRA-SACRAMENTO VALLEY EMS AGENCY
AED ANNUAL PROGRAM UPDATE FORM

Year:	
Department:	
Address:	
Phone #:	
Fax#	
E-mail address:	
Chief:	
Program Contact Person:	
AED Program Principal Instructor	
AED Equipment Brand Name & Model#	
# Public Safety personnel authorized to perform AED	
# EMT-I personnel authorized to perform AED	

Submit completed form(*by April 15th*) to:

QI/Education Coordinator
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677

Phone(916) 625-1714
Fax # (916) 625-1730