

**SIERRA-SACRAMENTO VALLEY EMS AGENCY
AED ANNUAL PROGRAM UPDATE FORM**

REFERENCE NO. 474-B

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

Submit completed form (*no later than April 15th* of the current year) to:

**Data Analyst
S-SV EMS Agency
5995 Pacific Street
Rocklin, CA 95677**

**Phone (916) 625-1702
Fax # (916) 625-1730**