

# PUBLIC-ACCESS DEFIBRILLATOR USE AGREEMENT

Washington State University  
Fire Marshal  
PO Box 647300  
Pullman, WA 99164-7300  
509-335-4929  
Fax: 509-335-4239

Refer to SPPM 2.46 regarding program overview, departmental responsibilities, and responder immunity from liability. (See also RCW 70.54.310 and RCW 4.24.300.)

## PUBLIC ACCESS DEFIBRILLATION SITE INFORMATION

|  |                   |                 |         |
|--|-------------------|-----------------|---------|
| DEPARTMENT   |                   |                 | DATE    |
| LOCATION ADDRESS OF AED UNIT   | CITY              | STATE           | ZIPCODE |
| DEPARTMENT CONTACT NAME  | CONTACT TELEPHONE | CONTACT FAX NO. |         |
| TYPE OF BUSINESS CONDUCTED AT THIS SITE (Provide a brief description)      |                   |                 |         |
| EXACT LOCATION OF AED  |                   |                 |         |
| SPECIAL INSTRUCTIONS / DIRECTIONS FOR EMERGENCY MEDICAL SERVICES PERSONNEL |                   |                 |         |

## PUBLIC ACCESS DEFIBRILLATOR USE AGREEMENT

On behalf of the department indicated above, the below-signed individual submits this public-access defibrillator use agreement.

Medical direction is extended to this community responder site based on this completed documentation, which certifies that the requirements established in RCW 70.54.310 and published in WSU SPPM 2.46 are met.

On behalf of this department, I hereby affirm and declare that the information provided herein is true, correct, and ensure that:

- Expected defibrillator users have completed Department of Health (DOH)-approved training in AED use and cardiopulmonary resuscitation (CPR).
- The department follows the protocols regarding the use, ownership, maintenance, and other aspects of public use of AEDs provided in 2.46, RCW 70.54.310, and the DOH-approved training.
- The department submits a completed Incident Report to Human Resource Services when an event involving a defibrillator occurs. See SPPM 2.24.
- Responsible department personnel and expected defibrillator users have read, understand, and are in compliance with SPPM 2.46 and RCW 70.54.310.
- The department agrees to maintain knowledge of and implement this program consistent with statutory requirements during the life of this program.

|                                    |                                |  |      |
|------------------------------------|--------------------------------|--|------|
| DEPARTMENT ADMINISTRATOR NAME      | DEPARTMENT ADMINISTRATOR TITLE |  |      |
| DEPARTMENT ADMINISTRATOR SIGNATURE |                                |  | DATE |

**Route the completed form to the WSU Fire Marshal.  
Retain a copy for departmental files.**