



AED Request / AED Transfer – Project Information Form

Type of AED: AED in Carrying Case [Monthly Rental Rate: \$195]

Optional: Wall Mount Cabinet (YES or NO)
.....

Project Name: _____

Project Number: _____ Phase Code: _____

Address where AED will be: _____

Physical location where AED will be onsite: _____
(example: site trailer, kitchen, etc.)

Onsite AED Attendant name: _____
(AED Attendant monitors AED and conducts / records monthly inspections)

Phone Number: _____ Email Address: _____

Date AED needed by: _____
.....

SHIPPING INFO:

Ship AED to address: _____

Attn: _____

Region: JED _____

Please contact Lori Rea at 816-292-8593 or email Lori.Rea@jedunn.com with any questions.

Upon project completion, ship AED (and wall cabinet) to address listed below.

SHIPPING ADDRESS:

Blue Hat Crane and Equipment Rental
Attn: Ayanna (AJ) Pittman
630 Highway 211 NE
Winder, GA 30680