



**BASIC LIFE SUPPORT AMBULANCE INVENTORY AND
AED SERVICE PROVIDER PROGRAM APPROVAL
ATTESTATION**

AMBULANCE OPERATOR: _____

As CEO/President, I certify that all Los Angeles County Licensed Basic Life Support Ambulances for this operator have the inventory as outlined in Reference No. 710, Basic Life Support Ambulance Equipment effective October 1, 2025, including the following:

- Automated External Defibrillator (AED)
- Adult AED defibrillation pads - (2)
- Razor/trimmer - (1)

In addition to maintaining all required equipment, my organization has received approval as an AED Service Provider in Los Angeles County prior to stocking the AED equipment in all ambulances on _____.

Date

Furthermore, attached is an inventory roster for all of our AEDs, signed and dated by me, which includes at a minimum, manufacturer, model, serial number, and battery expiration date.

CEO/President Signature

Date

Print Name