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| Request for Manual Override on a Automated External Defibrillator | | | | | | | | | |
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|  | Name | | | |  | Date (DD/MM/YY) | | |  |
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|  | Job Title and registered number (GMC, HCPC, NMC Etc) | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  |  |
|  | Address | | | | | | | |  |
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| Please provide details for your request to be supplied with a manual override AED, stating your intended environment for use. | | | | | | | | | |
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|
| Customers Signature | | | | | | | | | |
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| Office use: - Approved by | | | | | | | | | |
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For further information please contact Chris by email - chris.phillips@spservices.co.uk

January 2019 Rev1