



725 N. A1A, Suite A102 Jupiter, FL 33477
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Preliminary Placement Assessment Worksheet

Submitted by

Name _____

Company _____

Address _____

City, State, Zip _____

Phone/Fax _____

Email _____

Date of site visit _____

Site Information

Facility/Company Name _____

Address _____

City, State, Zip _____

Phone/Fax _____

Contact Name _____

Email _____

AED Information

Do you currently have AED's? Y N

If so, How many _____

If not, do you want AED's? Y N

Are there any laws or regulations requiring AED placement? Y N

Additional comments

Digital Signage/Communications Information

Do you currently have digital signage or communication? Y N

If yes, do you own it or is it owned by a third party?

Do you have an interest or desire for digital signage and/or communication? Y N

Additional comments

Describe the facility- Check all that apply-

Education Healthcare Fitness Retail Hospitality

Government/Municipal Transportation Office Building Entertainment

Sporting Tourism Automotive Other _____

Number of buildings at this location? _____

Do you have other locations? Y N _____

Regular hours of operation _____ Days open per week _____

Estimated number of people at location per day _____

Additional comments and/or description of facility.