Availability of CPR Equipment

In the event of an emergency call 911
or __________________________ at __________________________

Insert name of local emergency medical services (EMS)  Insert phone number of local EMS system

Resuscitation masks and disposable gloves are available at __________________________

Insert name of location where resuscitation equipment is provided

Learn CPR. For more information contact __________________________

Insert name(s) of organization(s) qualified to offer CPR training, which may include but are not limited to American Red Cross and American Heart Association.

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New York State Department of Health