Automated External Defibrillator (AED).

Post-Incident Report Form

The responder at the scene shall assure its completion and forward within 24 hours of the event to _________________.

Facility or Building Name: ____________________________________________________________

Location of Event: Date of Event: _____________________________________________________

Time of Event: And Duration: _________________________________________________________

Name of victim, if known: __________________________________ Phone ____________________

Did the victim collapse (become unresponsive)?  Yes (___) No (___)
Was someone present to see the person collapse?  Yes (___) No (___)
If yes, was the person a trained AED employee?  Yes (___) No (___)
Was the victim breathing? Yes (___) No (___)
Was EMS (911) called?  Yes (___) No (___)
Was CPR started?  Yes (___) No (___)
Was the AED used?  Yes (___) No (___)  Was Emergency Oxygen used?  Yes (___) No (___)

Who started CPR? _______________________________________________________________

Briefly describe the event, incident, or situation that resulted in the AED / Oxygen being brought to this victim: _______________________________________________________________

Describe what actions the AED advised and how many times the patient was defibrillated:

Name of person operating AED: ______________________ Contact Information: _____________

Was the patient transported to the hospital?  Yes (___) No (___)  If Yes, How was the patient transported?  EMS Ambulance ( )  Private Vehicle ( )  Other ______________

Call 888-767-0050 to report use of AED and / Or Oxygen for immediate maintenance.

Report Completed by: ___________________________ Date: ______________

Signature: ___________________________ Date: ______________

Title: ___________________________ Office Phone ______________

Make/Model of the Facility AED that was used: __________________________________________