



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: _____