



# 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: \_\_\_\_\_