AED Incident Report Form

Use this form to report any event, incident or situation that resulted in use or attempted use of an AED. The responder at the scene shall assure its completion and forwarding within one business day of the event to Security Services.

Incident Date:	Patient's Last Name:	Patient's First Name:

Patient's Address: Street   City   State   Zip

Patient's Phone Number ( )	Gender: ❑ Male ❑ Female	Approximate Age:	Name and contact number for patient, if known:

Incident Location/Address:

AED Operator Name:	Assistant Name:	Assistant Name:

Estimated time from patient's collapse until CPR started:	Estimated total time of CPR until application of AED:

Was arrest witnessed? ❑ Yes ❑ No ❑ Unknown	By whom:	Time:
Was CPR started? ❑ Yes ❑ No	By whom:	Time:

Was the AED applied? ❑ Yes ❑ No	If yes, describe what actions the AED advised and how many times the patient was shocked:

Did patient ever regain a pulse? ❑ Yes ❑ No	Time:	Did patient ever begin breathing? ❑ Yes ❑ No	Time:
Did patient ever regain consciousness? ❑ Yes ❑ No	Time:		

Was Carleton Security notified? ❑ Yes ❑ No	Were Carleton Security Services at the scene? ❑ Yes ❑ No	Verbal report given to Carleton Security Services? ❑ Yes ❑ No	If yes, by whom:

Was EMS (911) called? ❑ Yes ❑ No	If yes, what time did that happen?

Verbal report given to EMS? ❑ Yes ❑ No	If yes, by whom?	AED Data-card given to EMS? (Defibtech DDU-100 AEDs) ❑ Yes ❑ No

Police Incident Report Number:

Has the AED unit been cleaned and put back to a state of readiness per American Heart Association guidelines & Manufacturer's recommendations? ❑ Yes ❑ No

Signature of Responder completing this form and Date: _____

Name and Contact information for other responders: _____

Return this form to: Security Services