

Confidential

AED Incident Report

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Incident Details

Date: _____ Time: _____

Location (Building/Room): _____

Activity engaged in when incident occurred: _____

Personnel responding: _____

Witnesses: _____

911 called? Yes No

Rescue breathing performed? Yes No

CPR performed? Yes No

AED used? Yes No

Shocks delivered: _____ Device type: _____

Result: _____

Any additional injuries: _____

Other equipment utilized: _____

Patient Details

This information is to remain confidential except for purposes of completing this report.

Last Name: _____ First Name: _____

Faculty Staff Student Visitor

Event Details

Lead responder: _____

EMS scene arrival: _____ Patient transported to: _____

Comments: _____

Report completed by: _____ Date: _____

AED Incident Report Chain of Information Notification:	
<input type="checkbox"/> AED Program Coordinator EH&S, 2408 Wanda Daley Drive (within 24 hours of incident)	<input type="checkbox"/> AED Program Medical Director Occupational Medicine, 2408 Pammel Drive Fax (515) 294-1967