

Automated External Defibrillator (AED) Incident Report Form

Use this form to report any event, incident, or situation that resulted in use or possible use of an AED

Location of Victim: _____

Date of Incident: _____

Time of Incident: _____

Name and contact information for person(s) who found victim:

Did the victim have a pulse? Yes No How was pulse checked? _____

Was the victim breathing? Yes No How was breathing checked? _____

Was 911 called? Yes No Time: _____

Was CPR Conducted? Yes No Person conducting CPR: _____

Was an AED applied to the victim? Yes No

If yes, name and contact information for the person who operated AED and any other pertinent information:

AED used was from which NHPWSC
Coach/Team/Delegate: _____

Briefly describe the event, incident, or situation that resulted in the AED being brought to the victim
(whether used or not) or any information not listed above:

Briefly describe the situation of the patient when EMS arrived (i.e. was there a pulse, was victim breathing, etc.)

Information for person(s) completing this form: Name (print): _____
Date completed: _____
Contact Info: _____