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 the pulse checked? ___________________________________

Was the victim breathing? [ ] Yes [ ] No How was the breathing checked? _________________________________

Was 911 called? [ ] Yes [ ] No Time: __________________________

Was CPR conducted? [ ] Yes [ ] No Person conducting CPR: ____________________________________________

Was AED applied to victim [ ] Yes [ ] No

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

Location of AED that was used (building/school): _______________________________________________________

Briefly describe the event, incident, or situation that resulted in the use of the AED:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Briefly describe the condition of the victim when EMS arrived:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Final disposition of the victim (transported to): _______________________________________________________

Completed by: __________________________ Date: __________________________ Contact info: __________________________

Submit completed form within 24 hours of incident to lori.schneider@k12northstar.org