



Fairbanks North Star Borough School District

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
520 Fifth Ave. Fairbanks AK 99701 (907) 452-2000

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