AED POST-INCIDENT REPORT

Responder's Name:			
AED Location:		**Date of Use:**	
AED Model:		**AED Serial #:**	
Time of Use:	☐ **AM** ☐ **PM**	**Time EMS/UPD notified:**	☐ **AM** ☐ **PM**

How were you notified of the emergency?	**Time Notified:**	☐ **AM** ☐ **PM**
Describe the incident:		

Patient Name:		**Gender:**	☐ **Male** ☐ **Female**
Date of Birth/Age:		**Witness Name(s):**	

Patient Condition Upon Arrival		**AED Responder Action(s) Taken**	
☐ Breathing	☐ Not Breathing	☐ CPR	☐ Attached AED
☐ Conscious	☐ Unconscious	☐ AED Shock - Total Number of Shocks: _____	
☐ Pulse	☐ No Pulse	Time of Initial Shock:	_____ ☐ AM ☐ PM

Patient Condition Upon EMS Arrival		**EMS Information**	
☐ Breathing	☐ Not Breathing	**EMS/Unit Responding:**	
☐ Conscious	☐ Unconscious	**Facility Where Patient Was Transferred:**	
☐ Pulse	☐ No Pulse		

AED Responder(s) exposed to blood or other infectious materials? Mark all that apply.	
☐ NO ☐ Myself ☐ Others – If others, provide names of all exposed:	
Names:	

If AED Responders were exposed to blood or other infectious materials, immediately notify the Worker Compensation Coordinator @ 664-2664 or EH&S office @ 664-2100.

Following the incident, all written documentation concerning the incident must be sent to the EH&S Office for a post-incident review with the Campuswide Safety Committee