AED POST-INCIDENT REPORT

Responder's Name:				_
AED Location:		Date of Use:		
AED Model:		AED Serial #:		
Time of Use:	□ AM □ PM	Time EMS/UPD notif	ied:	□АМ□РМ
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		
Patient Co	ndition Upon Arrival	AED Re	sponder	Action(s) Taken
□ Breathing	ndition Upon Arrival	AED Re □ CPR	sponder	Action(s) Taken Attached AED
	•	□ CPR	•	. ,
☐ Breathing	□ Not Breathing	□ CPR	•	☐ Attached AED umber of Shocks:
□ Breathing□ Conscious□ Pulse	☐ Not Breathing☐ Unconscious	☐ CPR ☐ AED Shock - Time of Initial Shock:	· Total Nu	☐ Attached AED umber of Shocks: ☐ AM ☐
□ Breathing□ Conscious□ Pulse	□ Not Breathing □ Unconscious □ No Pulse	☐ CPR ☐ AED Shock - Time of Initial Shock:	· Total Nu PM	☐ Attached AED umber of Shocks: ☐ AM ☐
□ Breathing□ Conscious□ PulsePatient Cond	□ Not Breathing □ Unconscious □ No Pulse	☐ CPR ☐ AED Shock - Time of Initial Shock: EMS/Unit Responding:	- Total Nu 	☐ Attached AED umber of Shocks: ☐ AM ☐
□ Breathing □ Conscious □ Pulse Patient Cond □ Breathing	□ Not Breathing □ Unconscious □ No Pulse ition Upon EMS Arrival □ Not Breathing	☐ CPR ☐ AED Shock - Time of Initial Shock: EMS/Unit Responding:	- Total Nu 	☐ Attached AED Jumber of Shocks: AM ☐ Jumper mation
□ Breathing □ Conscious □ Pulse Patient Cond □ Breathing □ Conscious □ Pulse	□ Not Breathing □ Unconscious □ No Pulse ition Upon EMS Arrival □ Not Breathing □ Unconscious	□ CPR □ AED Shock - Time of Initial Shock: EMS/Unit Responding: Facility Where I	EMS Info	☐ Attached AED Jumber of Shocks: AM ☐ Attached AED Jumber of Shocks: AM ☐ Jumber of Shocks: Jumber of Shocks: AM ☐ Jumber of Shocks: Jumber of Shocks: AM ☐ Jumber of Shocks: AM ☐ Jumber of Shocks: Jumber of Shocks: AM ☐ Jumber of Shocks: Jum
□ Breathing □ Conscious □ Pulse Patient Cond □ Breathing □ Conscious □ Pulse	□ Not Breathing □ Unconscious □ No Pulse ition Upon EMS Arrival □ Not Breathing □ Unconscious □ No Pulse r(s) exposed to blood or o app	□ CPR □ AED Shock - Time of Initial Shock: EMS/Unit Responding: Facility Where Interctious of the infectious Oly.	EMS Info	Attached AED Imber of Shocks: AM I I I I I I I I I I I I I

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

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