

Law Enforcement
Automatic External Defibrillation (AED) Use Report

This form is completed every time a Law Enforcement Officer applies an AED to a patient. It is the responsibility of the Law Enforcement Agency's AED Site Coordinator or designee to complete and FAX this form to San Mateo County EMS Agency (650) 573-2029 within 24 hours. Thank you.

Law Enforcement Agency:_____

Date of Incident:_____/_____/_____ Time of Incident:_____

Location of Incident:_____

Name of Person Applying AED:_____

Was the cardiac arrest witnessed by anyone? Yes () No ()

Who witnessed (e.g. bystander, officer, other)?

Was CPR started prior to AED? Yes () No ()

Who started CPR? Officer () Bystander () Other ()

Did AED deliver a shock? Yes () No ()

If so, how many times did the machine deliver a shock?_____

Patient care turned over to: Fire Agency_____

Ambulance_____

Person Completing this Form:_____

Agency:_____Phone number_____