

Public Safety Provider Agency  
Automatic External Defibrillation (AED) Use Report

This form is to be completed every time a Public Safety Provider Agency's AED is applied to a patient. It is the responsibility of the Public Safety Provider'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.

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, lifeguard, safety officer, volunteer firefighter, other)?  
\_\_\_\_\_

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

Who started CPR? Safety Officer ( ) Lifeguard ( ) Bystander ( )  
Volunteer Firefighter ( ) 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 No.\_\_\_\_\_