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.________________