Automated External Defibrillator (AED) Incident Report Form

Use this form to report any event, incident, or situation that resulted in use or possible use of an AED

Location of Victim: ____________________________________________________________

Date of Incident: ______________ Time of Incident: ______________

Name and contact information for person(s) who found victim:

Did the victim have a pulse? Yes ☐ No ☐ How was pulse checked? ________________________________

Was the victim breathing? Yes ☐ No ☐ How was breathing checked? ________________________________

Was 911 called (or 913-588-5030 from cell)? Yes ☐ No ☐ Time: ________________________________

Was CPR Conducted? Yes ☐ No ☐ Person conducting CPR: ________________________________

Was an AED applied to the victim? Yes ☐ No ☐

If yes, name and contact information for the person who operated AED and any other pertinent information:

__________________________________________________________________________

AED used was located (building/floor): ___________________________________________

Briefly describe the event, incident, or situation that resulted in the AED being brought to the victim (whether used or not) or any information not listed above:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Briefly describe the situation of the patient when EMS arrived (i.e. was there a pulse, was victim breathing, etc.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Information for person(s) completing this form: Name (print): ________________________________

Date completed: ________________________________ Contact Info: ________________________________

Return this form to AED Committee via Emergency Management Office:

Email: kmorken@kumc.edu; Fax: (913) 588-5124;