

Public Access
Automatic External Defibrillation (AED) Use Report

This form is to be completed every time a public access AED is applied to a patient. It is the responsibility of the 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, employee, security guard)?

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

Who started CPR? () Bystander () Employee () 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._____