



AED Event Report

Unique Event ID		Date		Location	
AED Owner		Contact Person			
Phone Number		Email Address			
Device Manufacturer		Model			
ID #		Victim DOB		Sex	☐ Male ☐ Female
AED Operator		AED/Safety Coordinator			
Response Team Members					
How was team alerted?		Time Alerted			
How was team dispatched?		Dispatch Time			
Who called 9-1-1?		Time Called			
AED Team Arrival Time		AED Arrival Time			
Collapse / Recognition Time		CPR Start Time			
Victim Unresponsive	☐ Yes ☐ No	Time		Rescue Breathing	☐ Yes ☐ No
CPR Started	☐ Yes ☐ No	Time		AED Applied	☐ Yes ☐ No
Shock Advised	☐ Yes ☐ No	Time		Additional Shocks	☐ Yes ☐ No
# of Shocks				Return of Pulse	☐ Yes ☐ No
Return of Respiration	☐ Yes ☐ No	Time			
EMS Arrival Time		Victim Condition at EMS hand-off	☐ Pulseless ☐ Pulse ☐ No Respiration ☐ Breathing ☐ Alert		
Care Given by EMS	☐ ALS ☐ BLS	Time Victim Transported			
Transported to		Victim Condition at Hospital			
Need to provide AED ECG Downloaded Data to:					
EMS Contact or Doctor / Hospital Name			Phone Number		
Email			Fax Number		
Comments					

Report Completed by: _____ **Date:** _____

Note: Use back of this sheet for additional comments. Fax both sides if necessary

Forward this report and ECG data to: First Voice - 319 - 377 - 4224 and / or email to jmittan@think-safe.com

*You may also be required to complete a state or local EMS report that should be submitted according to a specified local / state regulation.
If you have any questions please contact First Voice - 888 - 473 - 1777 and / or email to jmittan@think-safe.com*