



## AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE NOTIFICATION FORM

**DIRECTIONS:**

- Please complete one (1) form for each AED used.
- Please complete one (1) form for each AED **NOT** used, for example, AED attached to victim, but “no shock indicated.”
- Submit form even if some information is not available
- Submit to address noted above.

Please complete as much information as possible.

AED Program Name: \_\_\_\_\_

AED Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AED Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Incident Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Street Address: \_\_\_\_\_

Other Location Description: \_\_\_\_\_

Patient Name (if known): \_\_\_\_\_ Sex: \_\_\_\_\_ Estimated Age: \_\_\_\_\_

Was CPR Performed?  Yes  No CPR Provider: \_\_\_\_\_

Total number of shocks delivered? \_\_\_\_\_

Please describe any useful information about the incident or the use of the AED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Times Noted: \_\_\_\_\_

Witnessed Arrest or Collapse: \_\_\_\_\_

Start of CPR: \_\_\_\_\_

Call to 9-1-1: \_\_\_\_\_

First Shock: \_\_\_\_\_

9-1-1 Arrival on Scene: \_\_\_\_\_

*This form and **all** required items may be mailed, emailed, or placed in the drop box at the address above.  
 The drop box is located across from the stairs and is labeled YEMSA drop box and is the **preferred method!**  
 If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.*

YEMSA USE ONLY			
Received:	Reviewed by:	Approved by:	Updated: