

Summit County Public Access Defibrillation Project
SCPADP Office 970-668-9466
AED Use Report

Incident Detail-

Incident time: _____ Incident date: _____

Incident Location: _____

Users Name: _____

What Department are you from? _____

Contact Phone number: _____

Assistant Users: _____

(Please estimate times if you do not know them.)

AED: Type _____ Id number _____

Dispatch time: _____ Time arrived on scene: _____

Was CPR in progress when you arrived? _____ If so who was performing CPR? _____

Who started/ or took over CPR? _____ What time was CPR started? _____

Did you have the AED or did you have to go and get it? _____

What time did the AED arrive? : _____

What time was the AED put on the patient? _____

Was a shock advised? _____

Describe the event in your own words:

What time did EMS arrive? _____

What went well? _____

What problems or concerns did you have? _____

