

# INCIDENT REPORT FORM

To be completed when the AED is used

## Incident information

Date	
Time	
Location	
# of shocks	
Device ID	
Serial #	

## Victim information

Name	
Phone	
Job/Dept/student	
University ID	
DOB	

## AED operator Information

Name	
Department	
Phone	
University ID	

## Sudden Cardiac Arrest (SCA) event report

	Yes	No	Documented Time
Collapse/Recognition			
Unresponsive			
CPR start			
AED use			
First Shock given			
Additional Shock given			
# of additional Shocks			
Return to Circulation			
Return to Respiration			
EMS arrival			
Victim condition when EMS arrive			