This Form can be completed online by inserting cursor in the "Location of Incident" section and tabbing to the other sections. To print the form, click the "Print Form" button, below. To clear the form, click the "Clear Form" button, below.

CHIPPEWA VALLEY TECHNICAL COLLEGE

Automated External Defibrillator (AED) Incident Summary Form

Location of Incident: _____

Date of Incident: _____ **Time of Incident:** _____

Victim's Name (if known): _____

Was the incident witnessed or non-witnessed? ☐ Witnessed ☐ Non-witnessed

Name of trained rescuer(s): _____

_____

_____

Was 9-1-1 called? ☐ Yes ☐ No **If yes, name of 9-1-1 caller:** _____

Was pulse or signs of circulation checked at initial assessment? ☐ Yes ☐ No

Was CPR given before the AED arrived? ☐ Yes ☐ No

If yes, name(s) of CPR rescuer(s): _____

_____

Were shocks given? ☐ Yes ☐ No **Total number of shocks?** _____

Did victim …….	**Regain a pulse?**	☐ Yes	☐ No
	Resume breathing?	☐ Yes	☐ No
	Regain consciousness?	☐ Yes	☐ No

Was patient transferred to the local EMS agency? ☐ Yes ☐ No

If no, please explain: _____

_____

_____

Any problems encountered? _____

_____

_____

Forward completed form to: Stan Bonk, Safety and Security Office, ECB113
Doug Olson, Facilities Office, ECB148

Clear Form Print Form