



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 Time
CPR Started	Yes No	Time		AED Applied	Yes No Time
Shock Advised	Yes No	Time		Additional Shocks	Yes No Time
# of Shocks				Return of Pulse	Yes No Time
Return of Respiration	Yes No	Time			
EMS Arrival Time		Victim Condition at EMS hand-off		Pulseless Pulse Breathing	No Respiration 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 events@firstvoice.us*

*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 events@firstvoice.us*