Appendix B: AED Post-Incident Report

Incident Details

Incident date: _____ Incident time:_____

Number of shocks delivered: _____ Device serial number: _____

Device type: _____ Make/model: _____

Patient Detail (if known)

Last name:_____

First name: _____

Age: _____ Gender: _____

Patient GGC ID number: _____ Phone number: _____

AED Operator

Last name:_____

First name: _____

Phone number/email:_____

Incident Description
(CPR administered, patient breathing/conscious, EMS arrival, etc.)

_____

_____

_____

_____

_____

_____

Building emergency coordinators / AED site coordinators and the program administrator will not retain a copy of the post-incident report with personal identifiable information. The administrator will ensure the report is filed with the police report.