



**19-0101B - Public Access Defibrillation -
Automated External Defibrillator (AED) - User Notification Form**

Directions:

1. Please use one form for each AED use.
2. Submit a copy of the form to Nor-Cal EMS within 48 hours of the incident to:
mail@norcalems.org.

AED Program Name: _____

County: _____ Date of form completion: _____

Incident Information:

Date of Incident: __/__/__ Time of Incident: _____

Patient's Name (if known): _____

Patient's Estimated Age: _____ Sex M F

Was CPR performed: Yes No

Type of CPR performed: Compressions Only Compressions and Ventilations

Type of ventilations performed: Mouth to Mouth Mouth to Mask BVM

Did the AED instruct you to defibrillate (shock) the patient: Yes No

Total number of defibrillations (shocks) delivered: _____

Name of person(s) providing CPR: _____

TIMELINE	
Witnessed Cardiac Arrest	Time: _____
Start of CPR	Time: _____
Call to 911 made	Time: _____
First Defibrillation	Time: _____
911 Arrival on the scene	Time: _____

Name of individual who used the AED Contact Number / email

Signature: _____