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**Cardiac Arrest Reporting Form**

Name of Person filling out Form \_\_\_\_\_ Date \_\_\_\_\_

Contact information for person filing out form phone/email: \_\_\_\_\_

Date of Cardiac Arrest \_\_\_\_\_ Location \_\_\_\_\_

Agencies that responded \_\_\_\_\_

Incident Number \_\_\_\_\_ AED used Yes / No

Please email to [Mail@norcalems.org](mailto:Mail@norcalems.org)

Or Mail to 930 Excutive way, Redding, Ca 96002 and CALL to let us know it is coming 530-229-3979