

**Florida Atlantic University  
AED Post-Incident Report**

**SECTION I – RESPONDER INFORMATION**

Responder's Name: \_\_\_\_\_

AED Location: \_\_\_\_\_ AED Model: \_\_\_\_\_

AED Serial Number: \_\_\_\_\_ Date of Use: \_\_\_\_\_

Time of Use: \_\_\_\_\_

**SECTION II – INCIDENT INFORMATION**

Patient Name: \_\_\_\_\_

Gender:

Male  Female

Patient Condition Upon Your Arrival:

Breathing       Conscious       Pulse  
 Not Breathing       Not Conscious       No Pulse

AED Responder Action(s) Taken:

CPR       Attached AED       AED Shock - Total Number of Shocks \_\_\_\_\_ / Time of Initial Shock \_\_\_\_\_

Patient Condition Upon EMA Arrival:

Breathing       Conscious       Pulse  
 Not Breathing       Not Conscious       No Pulse

Patient Outcome:       Survival       Death       Unknown

EMS/Unit Name Responding: \_\_\_\_\_

Facility to which Patient Transferred: \_\_\_\_\_

**SECTION III – WITNESSES INFORMATION & SIGNATURES**

Witness #1 Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Witness #2 Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responder

\_\_\_\_\_  
Date