

Middle Georgia State University
Automated External Defibrillator (AED)
Post-Incident Report Form

Use this form to report any event, incident or situation that resulted in use or attempted use of an AED. The responder at the scene shall ensure its completion and forwarding within 24 hours of the event to the Office of Risk Management and Police Services.

Facility or Building: _____

Location of Event: _____

Date of Event: _____ Time of Event: _____

Name and Contact Information for victim, if known: _____

| | | |
|---|-----|----|
| Did the victim collapse (become unresponsive)? | Yes | No |
| Was someone present to see the person collapse? | Yes | No |
| If yes, provide name: | | |
| If yes, was the person a trained AED employee? | Yes | No |
| Did the victim have a pulse? | Yes | No |

How was the pulse checked? _____

| | | |
|---------------------------|-----|----|
| Was the victim breathing? | Yes | No |
|---------------------------|-----|----|

How was breathing checked? _____

| | | |
|--------------------------------------|-----|----|
| Were University Police notified? | Yes | No |
| Were University Police at the scene? | Yes | No |
| Were emergency services contacted? | Yes | No |

If yes, who was contacted? _____

| | | |
|------------------|-----|----|
| Was CPR started? | Yes | No |
|------------------|-----|----|

Who started CPR? Bystander Trained AED Employee

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

| | | |
|------------------------------------|-----|----|
| Was the AED applied to the victim? | Yes | No |
|------------------------------------|-----|----|

If yes, describe what actions the AED advised:
