

**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 <input type="checkbox"/>	No <input type="checkbox"/>
Was someone present to see the person collapse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide name:		
If yes, was the person a trained AED employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the victim have a pulse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How was the pulse checked? _____

Was the victim breathing? Yes No

How was breathing checked? _____

Were University Police notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were University Police at the scene?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were emergency services contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:

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Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No

How was the pulse checked? _____

Was the victim breathing? Yes No

How was breathing checked? _____

Name of person operating AED: _____

Has the AED unit been cleaned and put back to a state of readiness according to
manufacturer's recommendations? Yes No

Signature of responder completing this form and Date: _____

Name and Contact Information for other responders:

Return this form to: Risk Management and Police Services
Initial report may be e-mailed to Ron Ardelean at
ron.ardelean@mga.edu with a signed copy submitted on the next
business day.

* Keep a copy in the Risk Management File.