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? ____________________________

Did the victim have a pulse? 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:
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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.