



Yolo Emergency Medical Service Agency
137 N. Cottonwood Street, Suite 2601
Woodland, CA 95695 – (530) 666-8645

AED USE NOTIFICATION FORM

Directions:

- Please complete one form for each AED used.
- Please complete one form for each AED **not** used, for example, AED attached to victim but "no shock indicated."
- Submit form even if some information is not available.
- Submit to address noted above.

Please complete as much information as possible.

AED Program Name: _____
AED Address _____ City: _____ Zip: _____
AED Contact Person: _____ Phone: _____

Incident Information:

Date: _____ Time: _____
Street Address: _____
Other Location Description: _____
Patient Name (If known): _____ Sex: _____ Estimated Age: _____
Was CPR Performed? _____ CPR Provider: _____
Total number of shocks delivered? _____
Please describe any useful information about the incident or the use of the AED:

Times Noted:

Witnessed Arrest or collapse: _____
Start of CPR: _____
Call to 911: _____
First Shock: _____
911 Arrival on the Scene: _____