AED USE EVENT SUMMARY FORM

Location Of Event:			Age of Victim:
Date Of Event:		Time of Event:	
Oversight Physician: Dr. Allen Louis			
Program Coordinator: Devices For Life, LLC			
Was The Event Witnessed Or Non-Witnessed?	☐ Witnessed	☐ Non-Witnessed	
Name Of Rescuer Involved:			
Internal Response Plan Activated? ☐ Yes ☐ No		AED Serial #:	
Was 9-1-1 Called? ☐ Yes ☐ No		If Yes, Name Of 9-1-1 Caller:	
Name Of Responding EMS/Fire/Police Agency:			
Was CPR Given Before AED Arrived?	☐ Yes	☐ No	
If Yes, Name(s) Of CPR Rescuer(s):			
Were Shocks Delivered? ☐ Yes ☐ No		If Yes, Total Number Of Shocks:	
Did Victim...	Regain A Pulse?	☐ Yes ☐ No ☐ Unknown	
	Resume Breathing?	☐ Yes ☐ No ☐ Unknown	
	Regain Consciousness?	☐ Yes ☐ No ☐ Unknown	
Was The Procedure For Transferring Patient Care To Local EMS Agency Executed?		☐ Yes ☐ No	
Hospital/Medical Center Patient Was Transported To:			
County Of Event Occurred: Orange			
Name Of Person Completing This Form:			

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

Attn: AED Coordinator
Devices For Life
P.O. Box 28062
Anaheim Hills, CA 92809
PH: 714.394.2606
FX: 424.206.1430

PRINT FORM

DEVICES FOR LIFE

A Helping Hand...When You Need It Most