

AED Report Form

When to complete this form:

Please complete this form anytime the cardiac/medical emergency response team is activated. Forms should be returned to your local Project ADAM program coordinator or both school and community incidents.

Location of incident:

School = school or part of the school campus.

Community = any location not considered a school or campus site.

Date of Incident: _____
Month/Day/Year

Incident Location: School Community
Please describe location

School or Community Site Name: _____

School District (if applicable): _____

1	At the time of the incident, was this site designated as Heart Safe by Project ADAM?	Yes	No	In Progress
2	Indicate gender of victim:	Male	Female	Unknown
3	Age category of victim:	<input type="text"/>		
4	Was CPR provided?:	Yes	No	Unknown
5	Was there an AED on site?:	Yes	No	
6	Was an AED brought to the scene?:	Yes	No	Unknown
7	Was the AED turned on?:	Yes	No	Unknown
8	Were the AED pads placed on the victim?:	Yes	No	Unknown
9	Was an AED shock delivered?:	Yes	No	Unknown
10	Was EMS/911 contacted?:	Yes	No	Unknown

11 Was the patient transported to the hospital?: Yes No Unknown

12 Did the victim survive? Yes No Unknown

13 Provide a brief description of the incident:

14 Name of the person completing this form : _____

15 Position within school or community site: _____

16 Email address: _____