



Public Access Defibrillation (PAD) Notification of AED Use

Name of PAD/AED Business/Provider		
Date of Incident:	Time of Incident:	
Patient's Name:		
Patient's Age:	Patient's Gender:	Witnessed Collapse/Arrest: Yes No
Alert Time (time person went down):	Time CPR Started, if Started:	
Approximate Down Time (minutes):	Name of Person Who Performed CPR:	
Time 911 Called:	Time AED at Victim's Side:	
Time of First Shock (if given):	Name of Person Who Used the AED:	
Total Number of Defibrillations Delivered:	Did victim regain a pulse: Yes No	Time 911 Arrival on scene:
Medical Director Name:	Phone Number:	
Date Medical Director was Notified:	Time Notified:	
COMMENTS		

Please attach any additional information you think may be helpful and return this completed report by the 15th day of the month following the date of the incident by mail, fax or email to:

*AED Program Coordinator
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San Luis Obispo, CA 93401
Fax: 805-788-2517
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