Appendix F: UC Riverside AED Post Use Form

UC Riverside AED Post Use Form

Instructions: This form is to be completed as much as possible on-site by the AED responder or professional responders after an AED activation.

Upon completion of this form, immediately contact the EHSRM AED Program Coordinator to coordinate the pick-up of both the AED and this form within 24 hours.
ehsocchealth@ucr.edu

Your Name: _____

Department Affiliation: _____

Email: _____ Phone: _____

Were you the primary responder who used the AED? Yes No

If not, name the person who used the AED: _____

Individual's Name (optional):

_____

Individual's Age: _____

Gender: _____

How the Individual Was Found:

Witness Cardiac Arrest

Found Unresponsive

Time of First Shock: ___: ___ AM PM

Date of Incident: _____

Time of Incident: ___: ___ AM PM

Location of Incident
(Address and Precise Location)

_____

Was CPR Initiated? Yes No

Number of Shocks Delivered by AED: ____