



USE OF AED REPORT

Complete and fax this report to Merced County EMS Agency at (209) 381-1259 or mail to Merced County EMS Agency, 260 E. 15th Street, Merced, CA 95341 within 24 hours of AED use.

Name of AED Service Provider:	
Date of Occurrence:	Time of Occurrence:
Location of Occurrence (Address, City & Specific Location):	
Patient's Name:	
Patient's Age:	Gender: Male Female

Did anyone witness the collapse? Yes No	Alert Time / time you were notified:	Approximate down time prior to your arrival:
Was Bystander CPR used prior to AED at patient? Yes No	Initial shock advised? Yes No	Time of first shock, if given?
Was CPR used prior to AED at patient? Yes No	Total number of shocks delivered?	Arrival time of EMS:
Lay Responder Name(s):		

Name of Person Completing this Form:
Telephone:
Additional Comments / Information: