Michigan State University

Automated External Defibrillator (AED)

Post-Incident Report Form

Use this form to report any event, incident or situation that resulted in use or possible use of an AED. NOTE: As you complete this form online the fields will expand with the data you enter.

The responder at the scene and the AED Building Coordinator shall assure its completion and forwarding within 24 hours of the event to the Office of Risk Management with a copy retained by the Building Coordinator.

Facility or Building Name:			
Location of Event: Time of Event: Name and Contact Information for victim, if known:			
Did the victim collapse (become	ne unrespon	sive)?	Yes No No
Was someone present to see the person collapse? Yes \(\square\) No \(\square\)			
If yes, was the person			yee? Yes No No
Did the victim have a pulse?	Yes	No 🔙	How was the pulse checked?
Was the victim breathing?	Yes	No 🔛	How was the breathing check?
Was EMS (911) called?	Yes	No	If yes, what time did that happen?
Was CPR started?	Yes	No L	
Who started CPR?	Bystander	r 🔛	Trained AED employee?
Was the AED applied to the vi If yes, describe what actions the	ictim? ne AED advi	Yes ised and h	No now many times the patient was defibrillated:
Were the police notified?	Yes	No	
Were the police at the scene?	Yes	No 🗀	
Status of patient at the time EM	MS personne	el arrived.	
Did the victim have a pulse?Y		No 🗍	How was the pulse checked?
Was the victim breathing? Y		No 🗌	How was the breathing checked?
		- 1.5	
Name of person operating AE	D:		
Contact Information:			
	_		ate of readiness per American Heart Association
guidelines and Manufacturer's	recommend	lations?	Yes No

If the caregiver was exposed to blood or other infectious materials immediately notify the MSU Office of Radiological, Chemical, and Biological Safety Department, BioSafety Officer or the Department of Police and Public Safety if after hours.