EMU AED Incident Report

CONFIDENTIAL

Incident Details		
Date:	**Time of Incident:**	**Location (Building/Room):**
Activity engaged in when incident occurred:		
Personnel responding (list):		
Witnesses (list):		
EMU/DPS - 911 called? ☐ Yes ☐ No	**Time EMU/DPS - 911 called:**	
CPR performed? ☐ Yes ☐ No	**Start time:**	**End time:**
AED used? ☐ Yes ☐ No	**Start time:**	**AED Make/Model:**
Shocks delivered: ☐ Yes ☐ No	**Result:**	**End time:**
Describe any additional injuries:		
Describe any additional equipment used:		

Patient Details *[This information is to remain confidential except for purposes of completing this report.]*	
Last Name:	**First Name:**
☐ **Faculty** ☐ **Staff** ☐ **Student** ☐ **Visitor** ☐ **Contractor Employee** ☐ **Vendor**	

Event Response Details	
Lead Responder:	
EMS Response Agency:	**Time of arrival:**
Patient transported to:	

Report completed by:	**Date:**
Department:	**Phone:**

Directions: Please provide a copy of this completed EMU AED Incident Report Form (within 24 hours of incident or next business day) to: Environmental Health & Safety, 875 Ann, Suite 103.