



Public Access Defibrillation (PAD) AED Use Notification

Directions:

- Please complete one form for each AED use
 - This form must also be completed for each AED non-use, i.e., AED attached to victim but "no shock indicated"
 - Complete as much information as possible, but submit form even if some information is not available
 - Submit to:
 - Your AED Medical Director
 - Coastal Valleys EMS Agency
- Mail: 625 5th Street Santa Rosa, CA 95404
Email: coastalvalleysemsagency@sonoma-county.org
Fax: (707) 565-6510

AED Program Name: _____

Incident Information

Date: _____ Time of Incident: _____

Street Address: _____

Patient Name (if known): _____

Patient Estimated Age: _____ Patient Sex: _____

Was CPR performed?: _____ CPR Provider: _____

What was the total number of shocks delivered? _____

Times

Witnessed Arrest or collapse	
Start of CPR	
Call to 911	
First Defibrillation	
911 Arrival On the Scene	