



AED Use Form

Revision September 2021

Instructions: This form is designed to record and track AED Usage. This form must be completed after an AED is activated by responders to the best of their ability. Information that is not known should be left blank. This information will be submitted in accordance with the Santa Cruz County AED Program Implementation Guidelines.

This form must be submitted to the UC Santa Cruz Office of Emergency Services no later than 24 hours after an AED Activation. Contact oes@ucsc.edu to arrange for the pick-up of this form.

Your Name: _____

Department Affiliation: _____

Email: _____ Phone: _____

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

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

Patient's Name: _____ Date of Incident: _____

Patient's Age: _____ Patient's Sex: F M Time of Incident: ____:____ AM PM

How the Patient Was Found: Location of Incident (Address and Precise Location)

Witnessed Cardiac Arrest

Found Unresponsive

Was CPR Initiated? Yes No

Time of First Shock: ____:____ AM PM Number of Shocks Delivered by AED: _____

Was the patient responsive following defibrillation with an AED? Yes No

What is the make and model of the AED used? _____

Additional Responder Names: _____

Additional Comments