

Bowling Green State University  
Automated External Defibrillator (AED)  
Post-Incident Report Form for Cardiac Arrests

To be completed immediately after an AED is put on a patient. The main caregiver at the scene should fill out form within 24 hours and submit to Public Safety at [freemak@bgsu.edu](mailto:freemak@bgsu.edu).

**Date, Time and Locality of Incident**

Facility or building name: \_\_\_\_\_

Incident location: \_\_\_\_\_

Date of incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Date/Year)

Estimated time of incident: \_\_\_\_\_ : \_\_\_\_\_ a.m. /p.m. (Hour: Minute)

Estimated time that 911 was called: \_\_\_\_\_ : \_\_\_\_\_ a.m. /p.m. (Hour: Minute)

**Victim's Name and Condition**

Name of patient: \_\_\_\_\_

Patient gender: Male  Female

Estimated age of patient: \_\_\_\_\_ years

Did the patient collapse (become unresponsive)? Yes  No

If yes, what were the events immediately prior to the collapse (check all that apply):

Difficulty Breathing     Chest Pain     Electrical Shock     No Signs or Symptoms

Drowning                       Injury                       Unknown

Was someone present to see the person collapse? Yes  No

After the collapse, at the time of Patient Assessment and just prior to the AED pads being applied, was the person breathing? Yes  No  and did they have a pulse? Yes  No

## CPR Administration

Was CPR given prior to 911 EMS arrival? Yes [ ] No [ ] If no, skip to next section

Estimated time CPR started: \_\_\_\_\_: \_\_\_\_\_ a.m. /p.m. (Hour: Minute)

Was CPR started before AED use? Yes [ ] No [ ]

Who started CPR? Bystander [ ] Trained Medical Professional [ ]

## Authorities Contacted

Were police notified? Yes [ ] No [ ] at the scene? Yes [ ] No [ ]

Police report number if known: \_\_\_\_\_

## Report completed by (please print name and date)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**If the caregiver was exposed to blood or other infectious materials immediately notify the BGSU Environmental Health & Safety Department or the Department of Public Safety if after hours. Deliver completed report within 24 hours after the incident to Department of Public Safety [freemak@bgsu.edu](mailto:freemak@bgsu.edu).**