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.

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.