



# Public Access AED Notification of Use

Name of Public Access AED Business/Provider:		
Date of Incident:	Time of Incident:	
Patient's Name:		
Patient's Age:	Patient's Gender:	Witnessed Collapse/Arrest:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Alert Time (time person went down):	Time CPR Started, if Started:	
Approximate Down Time (minutes):	Name of Person Who Performed CPR:	
Time 911 Called:	Time AED at Victim's Side:	
Time of First Shock (if given):	Name of Person Who Used the AED:	
Total Number of Defibrillations Delivered:	Did victim regain a pulse:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Time 911 Arrival on scene:
<b>COMMENTS</b>		

Please attach any additional information you think may be helpful and return this completed report within 96 hours following the date of the incident by mail, fax or email to:  
 San Luis Obispo County EMS Agency  
 Attention: Victoria Stone  
 2180 Johnson Ave., 2<sup>nd</sup> Floor  
 San Luis Obispo, CA 93401  
 Fax: 805-788-2517  
[vstone@co.slo.ca.us](mailto:vstone@co.slo.ca.us)