

Cleveland State University  
Department of Environmental Health and Safety

AED Incident Form

AED Users: Every incident where an AED Unit is used shall be documented by completing this form in its entirety and submitting to EHS within twenty-four (24) hours of the incident.

Name of Patient \_\_\_\_\_ Phone Number \_\_\_\_\_

Male/Female (Circle One)    Date of Birth \_\_\_\_\_    Age \_\_\_\_\_

Date/Time of AED Use \_\_\_\_\_    AED Serial Number: \_\_\_\_\_

Location of Incident \_\_\_\_\_

Description of Incident:

Were any witnesses present?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, provide contact information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify EMS Unit that responds/transport \_\_\_\_\_

Time and destination (if available) of transport \_\_\_\_\_

Name of AED Operator \_\_\_\_\_    Phone \_\_\_\_\_

AED Operator's Signature \_\_\_\_\_    Date \_\_\_\_\_