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**AED USE FORM**

Use this form to report any event, incident or situation that resulted in use or possible use of an AED.

Organization: Columbia State Community College

Department: \_\_\_\_\_

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

Victim: \_\_\_\_\_

Date of \_\_\_\_\_ Time of \_\_\_\_\_

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

Name and contact information for person(s) who found the victim: \_\_\_\_\_

\_\_\_\_\_  
Name and contact information for person(s) who determined victim was unresponsive:

\_\_\_\_\_  
Name and contact information for person(s) who operated the AED:

\_\_\_\_\_  
Did the victim have a pulse?                      Yes      No                      How was the pulse checked? \_\_\_\_\_

Was EMS (911) called?      Yes      No                      If yes, what time did that happen? \_\_\_\_\_

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim: \_\_\_\_\_

\_\_\_\_\_  
Was the AED applied to the victim?                                      Yes      No

If yes, describe what actions the AED advised and how many times the patient was defibrillated: \_\_\_\_\_

**Status of patient at the time EMS personnel arrived:**

Did the victim have a pulse?                      Yes      No                      How was the pulse checked? \_\_\_\_\_

Was the victim breathing?                      Yes      No                      How was breathing checked? \_\_\_\_\_



Name of person completing this  
form: \_\_\_\_\_

Date completed: \_\_\_\_\_

Contact information: \_\_\_\_\_

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

Date

signed: \_\_\_\_\_

Return this form to: the Security Office at [ColumbiaStateSecurity@Columbiastate.edu](mailto:ColumbiaStateSecurity@Columbiastate.edu).