

### Operational Services

#### **Exhibit - Automated External Defibrillator Incident Report**

*To be completed by the person who used the AED*

Individual name: \_\_\_\_\_ Age: \_\_\_\_\_

Identification:  Student  Staff  Other: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Description of incident: \_\_\_\_\_

Name of person who determined victim's unresponsiveness: \_\_\_\_\_

Name of person applying AED: \_\_\_\_\_

Number of times patient was defibrillated: \_\_\_\_\_

Time 9-1-1 was called: \_\_\_\_\_

Patient vitals prior to arrival of EMS: Breathing  Yes  No  
Pulse  Yes  No  
Heart rhythm: \_\_\_\_\_

Time EMS arrived: \_\_\_\_\_

Patient vitals after arrival of EMS: Breathing  Yes  No  
Pulse  Yes  No  
Heart rhythm: \_\_\_\_\_

Patient transported to: \_\_\_\_\_

List series of events from start of emergency until conclusion:  
\_\_\_\_\_  
\_\_\_\_\_

*Forward completed incident report to the Executive Director. Upon receipt, the Executive Director or designee shall follow the requirements at 77 Ill.Admin.Code §527.500.*

\_\_\_\_\_  
Signature of person who administered the AED Date

\_\_\_\_\_  
Address Telephone

Implemented: 1/2006  
Revised: 7/2009  
Revised: 1/2012  
Revised: 4/2013  
Renumbered from E2 to E3: 10/2014