Public Access Defibrillation Utilization Form

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

PAD provider name and organization: Southern Illinois University Carbondale

Unit: 

Location of victim: 

Date of incident: ________ Time of incident: ________

Name of and contact information for victim, if known: 

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

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

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

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

Was the victim breathing? Yes No How was breathing 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: AED Program Medical Director - Student Health Services MC6740.