

**Worcester Polytechnic Institute
AED Event Summary
Appendix A**

This summary should be completed with input from all rescuers whenever possible.

Date of event: _____ Time of Event: _____ Location of Event: _____

Victim's Name: _____ Sex: M / F Age: _____

Name of x 5555 caller: _____ Time of call: _____

Name of CPR rescuer (if applicable): _____

Name of AED rescuer: _____

Name(s) of bystanders: _____

Describe the scene, and condition of the victim at the first assessment stage:

Estimated time of EMS personnel arrival: _____

Name of Transporting Ambulance Service: _____

Describe condition of the victim at time of transport:

Signed by: _____ Date: _____

Do not write below this line; for Medical Oversight Coordinator use only.

Date received: _____

Form Complete: Y or N

Electronic data report received and reviewed? Y or N

Event reviewed with Campus AED Coordinator? Y or N

Attach sheet with problems identified or recommendations made.

Signature: _____ Date: _____