



Westchester Regional EMS Council  
**Public Access Defibrillation (PAD) AED Report Form**  
 (NOT FOR SCHOOL USE)

**IN THE EVENT OF AED USE COMPLETE THE FOLLOWING - Please type or print legibly**

**Organization Name** \_\_\_\_\_

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

**Date of Incident**  **Time of Incident**  **Patient Age**  **Patient Sex**

**Incident Timeline**

*PLEASE COMPLETE TIMES, EVEN IF ESTIMATED*

**Time from Arrest to CPR**  **Shock Indicated**  **Time from Arrest to 1<sup>st</sup> AED Shock**   
**Time from Arrest to ALS**  **Total # of shocks**

**Any additional equipment used on location ( i.e. BVM, supplemental Oxygen, etc) ? If so, what:**

**Patient Outcome On Scene**

Remained Unresponsive     Became Responsive     Spontaneous Return of Pulse     Spontaneous Return of Pulse **AND** Respirations

**Transport**

**Ambulance Agency**   
**Hospital Transported to**

**Patient Outcome At Hospital**

Dead on Arrival in the Emergency Dept     Died in the Emergency Dept.     Died within 24 hours of Admission     Died More Than 24 hours After Admission  
 Discharged Alive     Other

**Any adverse events regarding the incident (i.e. equipment failures, burns to skin under pads, etc. )**

**Please send this completed form to:**  
 WESTCHESTER REGIONAL EMS COUNCIL / PAD PROGRAM  
 4 Dana Road, Valhalla, NY 10595  
**FAX: (914) 813-4161**