



Public Access Defibrillation (PAD)

AED Use Notification

EMS 915

Directions:

- Please use one form for each AED Use
- Submit to the Santa Clara County EMS Agency

AED Program Name:

Incident Information

Date: _____ Time of Incident: _____

Street Address: _____

Patients Name (if known): _____

Patients Estimated Age: _____ Patients Sex: _____

Was CPR performed?: _____

CPR Provider: _____

What was the total number of defibrillations delivered? _____

Times

Witnessed Arrest	
Start of CPR	
Call to 911	
First Defibrillation	
911 Arrival On the Scene	

PAD Program Medical Director

Signature: _____ Date: _____