

WINCHESTER PUBLIC SCHOOLS  
WINSTED, CONNECTICUT

**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)  
INCIDENT REPORT**  
(PLEASE: PRINT OR TYPE)

**EVENT DETAILS**

SCHOOL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_  
DEFIBRILLATOR OPERATOR: \_\_\_\_\_  
ADDITIONAL RESPONDER(S): \_\_\_\_\_  
SHOCKS DELIVERED: \_\_\_\_ DEFIBRILLATOR MODEL: \_\_\_\_\_ SERIAL # \_\_\_\_\_  
DEFIBRILLATOR LOCATION WITHIN SCHOOL: \_\_\_\_\_

**TIMELINE**

ENTER TIMES: CARDIAC ARREST: \_\_\_\_\_ BEGIN CPR: \_\_\_\_\_  
ARRIVAL OF AED: \_\_\_\_\_ 1<sup>ST</sup> SHOCK: \_\_\_\_\_  
EMS ARRIVAL: \_\_\_\_\_

**PATIENT DETAIL**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
TRANSPORTING AMBULANCE SERVICE: \_\_\_\_\_  
HOSPITAL TRANSPORTED TO: \_\_\_\_\_  
PATIENT OUTCOME ON SCENE: ☐ UNRESPONSIVE ☐ RETURN OF PULSE  
(CHECK ALL THAT APPLY.) ☐ RESPONSIVE ☐ RETURN OF RESPIRATIONS

**ADDITIONAL INFORMATION**

LIST ADDITIONAL RESCUE EQUIPMENT USED BY RESPONDERS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NOTE: USE THE BACK OF THIS FORM FOR ADDITIONAL COMMENTS.

**REPORT COMPLETED BY**

PRINTED NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_