

**Notification of Defibrillator Use**

To be completed by on-site contact & submitted within 24 hours of AED:

Print and FAX to: 619-285-6531, attn: AED Coordinator

or

Name of Service Provider:

Date of Occurrence:

Time of Occurrence:

Place of Occurrence:  
(address & specific location)

Patient's Name:

Patient's Age:

Patient's Sex:  M  F

Did anyone witness the collapse/  
arrest?  Yes  No

Alert Time:  
(time you were notified)

Approximate down time  
prior to your arrival:

Was CPR used prior to AED  
at victim?  Yes  No

Time of first shock  
(if given):

Total number of shocks:

Did victim regain a pulse at  
scene?  Yes  No

Lay Responder Name(s):

Name and phone number of person  
completing form:

Additional Comments/ Information: