

Hanover Park Police Department Public Access Defibrillation Utilization Form

Use this form to report any event, incident or situation that results in the use or possible use of the AED.

PAD Provider Name and Organization

Location of Victim

Date of Incident

Time of Incident

Name of Victim, if available

Name of person who found the victim

Name of person who determined victim was unresponsive

Name of person who operated AED

Did victim have a pulse? Y N

How was the pulse checked: _____

Was the patient breathing? Y N

Was EMS (911) called? Y N If yes, time EMS was called: _____

Briefly, describe the event, incident or situation that resulted in the AED being brought to the victim:

Status of patient at time EMS arrived: _____

Date and name of person uploading AED use information into RescueLink: _____

Name of person completing this report

Phone Number

Print/Sign