San Francisco Emergency Medical Services Agency

Report of AED use to the Local EMS Agency

AED Site Coordinator or Prescribing Physician: Please complete this form if the AED at your site is used. Mail, fax or email completed form to San Francisco EMS Agency within 72 hours.

EMAIL to: AEDRegistration@sfgov.org

San Francisco EMS
Agency 90 Van Ness
San Francisco, CA 94102

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>Insert Information Here</th>
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<tbody>
<tr>
<td>AED Program (What is the name of the Program Site?)</td>
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<tr>
<td>Place of Occurrence (address and specific site)</td>
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<tr>
<td>Date (date incident occurred)</td>
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</tbody>
</table>

**Times (Indicate best known or approximated time)**

- Time arrest witnessed
- Time 911 called
- Time AED applied
- Time first shock delivered

Total number of defibrillation shocks
Was there any return of spontaneous circulation?
Was their any return of spontaneous respiration?

Name of Person Submitting this report
Contact information

For Internal Use Only
Date Report Received at EMSA
Received by:

(revised 12/19)