

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](mailto:AEDRegistration@sfgov.org)**

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

<b>Data Elements</b>	<b>Insert Information Here</b>
AED Program (What is the name of the Program Site?)	
Place of Occurrence (address and specific site)	
Date (date incident occurred)	
<b>Times (Indicate best known or approximated time)</b>	
• 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:	