Addendum B

Report of AED Use

Instructions:

1. *Complete within 24 hours of the event.*
2. *Please print clearly; sign and date the completed report.*
3. *Submit to the Risk & Safety Dept., Rm. 214 Dempsey OR risk.safety@uwosh.edu.*

Location of AED (building, floor, closest room #)	Date AED used: / / Time: AM / PM
Location of Incident/Injury: (building, floor, closest room #)	**Name(s) of witnesses to AED / CPR action, with phone number:**
Brief description of Incident/Injury:	
Please circle correct answer: 911 Notified? Yes / No CPR Administered before AED arrival? Yes / No Names of CPR Rescuer(s):	***Please circle correct answer:*** Were shocks given? Yes / No Total number of shocks given: _____
Any problems encountered? Yes / No (If yes, please explain)	
Name and phone # of person completing this form:	Date:
Name of University Police Officer who responded to the incident:	Date:
Risk and Safety Department Review Date and Signature:	