FRC EAST CPR/AED EVENT REPORT

Victim Information

NAME (if Known)

DoD Civilian ☐ Military ☐ Contractor ☐ Visitor ☐

Date: _____ Time: _____ Location: _____

Responder(s) providing CPR / AED

Name	Shop	Phone Number

Responder Post-Event Documentation

Action/Task	Who Did This?	Comments
Witnessed or non-witnessed?		
Call 911?		
CPR initiated?		
AED retrieved?		
Applied/Used AED?		Number of Shocks?
Lead EMS to the scene?		
Notified AED Program Manager?		
ADDITIONAL COMMENTS / CONCERNS		

AED Program Manager Post-Event Documentation

Action/Task	Date	Comments
Restocked AED Cabinet?		
Area cleaned/disinfected?		
Report received from responders?		
Notify NHCP Emergency Medical Advisor?		
Post-incident debriefing?		
Follow-up improvements complete?		
Submitted report to Commanding Officer?		

Event Follow-Up Notes

What went well?

What needed improvements?

PRINT NAME	SIGNATURE	DATE