

AED SERVICE PROVIDER ANNUAL REPORT

Deadline: March 31 for the previous calendar year

Reporting period: **1/1/20** ____ through **12/31/20** ____

Agency Name: _____

Classification: Public (Municipal) Private

Type of Agency: Law Enforcement Lifeguard Non-ALS Fire Department
 Ambulance Other _____

1. Number of patients with sudden cardiac arrest treated by your agency as the initial responder (total cardiac arrest responses): _____
2. Number of patients with sudden cardiac arrest who received bystander CPR prior to arrival of your agency: _____
3. Number of patients in whom your agency applied an AED: _____
4. Number of patients who received an AED shock by your agency:
 - a Witnessed (seen or heard by any person) cardiac arrest: _____
 - b Not witnessed (not seen or heard by any person) cardiac arrest: _____
5. From your response in question 4a, the number who received an AED shock immediately after the AED was applied by your agency: _____
6. Number of personnel trained and authorized to use AEDs within your agency:
EMT: _____ Public Safety Personnel (Non-EMT): _____
(Peace Officers, Lifeguards and Firefighters)

AED Program Coordinator

Title

Email

Phone

Signature

Date