



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

EMERGENCY MEDICAL SERVICES AGENCY
1000 San Leandro Blvd. Suite 200 • San Leandro, CA 94577
(510) 618-2050 • Fax: (510) 618-2099

**Public Access Defibrillation
AED Use Notification**

You may complete this form electronically by tabbing through the fields, then print and fax to EMS

Incident Information	Insert Information Here
Business Name of AED Program	
Address of Incident	
Contact Name	
Contact Number	
Name of Person Who Used the AED	
Date of Incident	/ /
Time of Incident	<input type="checkbox"/> am <input type="checkbox"/> pm
Patient's Name (if known)	
Patient's Age (estimate if unable to confirm)	
Patient's Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Time CPR Was Started	<input type="checkbox"/> am <input type="checkbox"/> pm
Name of Person(s) Who Did CPR	
Total Number of Defibrillations Delivered	
Date and Time Your Medical Director Was Notified	/ / <input type="checkbox"/> am <input type="checkbox"/> pm
Medical Director's Name	
Medical Director's Number	

Please attach any additional information that you think might be helpful.
Please fax or mail a copy of this form to the EMS office within 24 hours of the incident.

Fax Number: 510-618-2099
Attn: PAD Program Coordinator

Effective 7/17/07