



INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
Serving
San Bernardino, Inyo & Mono Counties

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1425 SOUTH "D" STREET

SAN BERNARDINO, CA 92415-0060

(909) 388-5823 FAX: (909) 388-5825

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
USE NOTIFICATION FORM**

Name Of AED Service Provider:	
Date of Occurrence:	
Time of Occurrence:	
Place of Occurrence: (Address & specific location)	
Patient's Name:	
Patient's Age:	
Patient's Sex:	
Approximate down time prior to your arrival:	
Did anyone witness the collapse/arrest?	
Alert Time (time you were notified):	
Was CPR used prior to AED at victim?	
Time of first shock (if given):	
Total number of shocks:	
Did victim regain a pulse at scene?	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Name and phone number of person completing form:	

Additional Comments Information:

FAX COMPLETED REPORT TO ICEMA WITHIN 24 HOURS OF USE OF AN AED

FAX TO 909-388-5825

Revised 07/01/15:mae