

**ATTACHMENT B**

**Notification of Defibrillator Site**

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):	
Name and phone number of person completing form:	

***Additional Comments Information:***

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***FAX this completed report to ICEMA within twenty-four (24) hours of use of an AED.***

***FAX to: (909) 388-5825***