



**San Benito County  
Emergency Medical Services Agency**

1111 San Felipe Road, Suite 102  
Hollister, California 95023  
(831) 636-4066 [www.SanBenitoCo.org/EMS](http://www.SanBenitoCo.org/EMS)

**AED USE NOTIFICATION**

Complete and fax to 636-4037, or email to [EMS@cosb.us](mailto:EMS@cosb.us), within 24 hours of AED use

Name of AED Service Provider:	
Date of Occurrence:	Time of Occurrence:
Location of Occurrence (Address, City & Specific Location):	
Patient's Name:	
Patient's Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Did anyone witness the collapse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alert Time / time you were notified:	Approximate down time prior to your arrival:
Was CPR used prior to AED at patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of first shock, if given?	Total number of shocks:
Did patient regain pulse at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lay Responder Name(s):		

Name of person completing this form:
Telephone:
Additional Comments / Information: