ANNUAL AED FIELD REPORT FORM REFERENCE NO. 474, ADDENDUM C

JANUARY 1,_____- DECEMBER 31,_____

(AED SERVICE PROVIDER) (STATION) (ADDRESS)

(CITY) (COUNTY) (CONTACT PERSON) (TELEPHONE NO.)

DATE	EMS RESPONSE FORM NUMBER	WAS CARDIAC ARREST WITNESSED	WAS CPR STARTED BY WITNESS?	WAS INITIAL CARDIAC RHYTHM V-FIBRILLATION OR V-TACHYCARDIA? (Did AED indicate shock advised)	NUMBER OF SHOCKS DELIVERED	DID PULSE RETURN AFTER DEFIBRILLATION	PATIENT TRANSPORT DESTINATION	WAS PATIENT DISCHARGED FROM HOSPITAL?

Please document the requested information on all patients that meet the S-SV criteria for application of the AED, as the incidents occur, throughout the year.