



AED Post Event Notification

Within 4 calendar days of the event, please send this form, completed and attach the downloaded data file from the AED to the email listed below.

Organization Name

Date of AED Applied: ___/___/___

Approximate Time of Event: ___:___ AM PM

Address of Event

Your Email Address

Your Phone Number: ___-___-___

AED Manufacture

AED Model

Actions after Event (Check all that apply)

Data downloaded New Pads installed

Self-Test Completed Data Sent to OCMO

If the data was not downloaded and sent to OCMO, please provide the reason the data is not available.

Describe in detail the situation, your findings, and actions taken and by whom.

(Enter Your Text Here)



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