



AED ANNUAL REPORT

Report Year: _____

Agency Name:	
Agency Contact :	

Question:	Answer:
The number of patients on whom defibrillatory shocks were administered?	
Number of these persons who suffered a witnessed cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation?	
The total number of patients, defibrillated, who were discharged from the hospital alive?	
The number of defibrillated patients witnessed in cardiac arrest, who were discharged from the hospital alive?	
The number of basic life support personnel in your jurisdiction, who are qualified to perform defibrillation?	
The number of Public Safety personnel in your jurisdiction, qualified to perform defibrillation?	
The number of non-licensed or non-certified (lay public) persons, in your jurisdiction, trained to perform defibrillation?	

Person Completing this Report:	
Date Completed:	
e-mail address:	
Telephone number:	

Please submit this report electronically to Bryan Cleaver at bcleaver@sonoma-county.org or fax to (707) 565-6510