



FLOWER MOUND FIRE DEPARTMENT

FIRE MARSHAL'S OFFICE

3911 SOUTH BROADWAY AVENUE | FLOWER MOUND, TEXAS 75028

PHONE (972) 874.6270 | www.flower-mound.com

REPORT OF AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

This form shall be completed and returned to the Flower Mound Fire and Emergency Services Department within 24 hours of AED use.

Date of Incident: _____ Time of Incident: _____

Victim Information

Name: _____

Address: _____

Age: _____ Gender: Male Female

Incident Location (including business name): _____

Witnessed Collapse? Yes No

Breathing upon discovery? Yes No

Pulse upon discovery? Yes No

Was bystander CPR performed? Yes No

Number of AED shocks delivered: _____

How much time elapsed between finding the victim and calling 911? _____

Comments/Suggestions/Recommendations:

Department Use Only

Incident Number: _____