

AED Post Event Notification

Organization Name

Date AED Applied

Approx. Time

Address of Event

AED Model Name

**Actions After Event
(check all that apply)**

Data downloaded

New pads installed

Self Test completed

Data sent to MD

**Reason why data is
not available**

**Briefly describe your
findings & actions**

Within 4 calendar days, please send the completed form and downloaded data to:

Louis Gonzales, MPH, CPPS, CPHQ, LP
Quality & Patient Safety Program
512-978-0011
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