



## MERT/AED Incident Report Form

### When to complete this form:

Please complete this form anytime the cardiac/medical emergency response team (MERT) is activated. When an AED has been used send the completed form to the Safety and Health Department at (931) 905-7908.

### Incident Details

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

School: \_\_\_\_\_ Incident Location: \_\_\_\_\_

### Patient Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

### Documentation

Medication given: \_\_\_\_\_ Time: \_\_\_\_\_, \_\_\_\_\_

Time AED arrived at scene: \_\_\_\_\_ AED operator: \_\_\_\_\_

AED shock delivered at times: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Time CPR started: \_\_\_\_\_

911 call time: \_\_\_\_\_ EMS arrival time: \_\_\_\_\_

Time parents/guardians notified: \_\_\_\_\_

### Additional Information

\_\_\_\_\_

Brief description of incident: :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Use the back of this sheet for additional comments.