



**Carver County SHOC Event Summary Form**

**Location of Event:** \_\_\_\_\_

**Date of event:** \_\_\_\_\_ **Time of Event:** \_\_\_\_\_

**AED Medical Director:** \_\_\_\_\_

**AED Program Coordinator SHOC Program:** \_\_\_\_\_

**Victim's name:** \_\_\_\_\_

**Was the event witnessed or non-witnessed? Witnessed**  **Non-Witnessed**

**Name of trained rescuer (s):** \_\_\_\_\_

**Was 9-1-1 called? Yes**  **No**  **If yes, name of 9-1-1 caller:** \_\_\_\_\_

**Was pulse taken at initial assessment? Yes**  **No**

**Was CPR given before the AED arrived? Yes**  **No**

**If yes, name(s) of CPR rescuer(s):** \_\_\_\_\_

**Were shocks given? Yes**  **No**

**Total number of shocks?** \_\_\_\_\_

**Did victim ...**

**Regain a pulse? Yes**  **No**

**Resume breathing? Yes**  **No**

**Regain consciousness? Yes**  **No**

**Was the procedure for transferring patient care to the local EMS agency executed?**

**Yes**  **No**  **If no, please explain:** \_\_\_\_\_

**Any problems encountered?** \_\_\_\_\_

**Name of person completing form:** \_\_\_\_\_

**Return Form to: Carver County Public Health, 600 East 4<sup>th</sup> St, Chaska, MN 55318**