

A.E.D. Incident Report

Temple _____ Date of incident _____

Where in the temple did the incident occur? _____

Patient's Initials _____ Temple Staff [], Ordinance Worker [], Patron [], Other []

Was the patient taken to a central location or were they treated where they were found?
Explain: _____

Were the AED pads applied to the patient? _____
If so, was defibrillation indicated? _____ Was it performed? _____
By whom _____ Were they Certified? _____

Were any medical or Para-medical people present to assist? _____

Were there any complications or problems? Please Explain:

Are there any suggestions for the future?

Name and title of person reporting _____

Instructions: This AED Incident Report should be completed by the Temple Recorder or his designee immediately after the incident. A copy should be kept at the temple by the temple Recorder and the original should be sent to the Temple Facilities Divisions of the Temple Department, 4th floor, Church Office Building, Salt Lake City, Ut 84132. The original should be sent no later than the day after the incident occurred. If you have questions please call: Bro. Terry Floyd 1-800-XXX-XXX

*Thank you,
The Temple Department*