

# AED Adverse Event Report

**Organization Name**

**Date AED Event**

**Approx. Time**

**Address of Event**

**AED Model Name**

**Type of AED Adverse Event**

Would not power on

Pad issue

Would not analyze

Would not shock

Other

**Describe in detail what happened or did not happen**

**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

[Louis.Gonzales2@austintexas.gov](mailto:Louis.Gonzales2@austintexas.gov)

revised 6.5.2019

