Emergency Medical Services
Public Safety/EMT AED Service Provider
Annual Report

Provider Name: ______________________________________________________________________
Report Year: ________________________

Number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care (your unit/personnel): _____________

Total number of times an AED was applied to a patient: _____________

Number of patients on whom defibrillatory shocks were administered (witnessed or unwitnessed): _____________

Please submit this report to the EMS Agency by January 31st each year.

Submit to:
Contra Costa EMS Agency
1340 Arnold Drive, Suite 126
Martinez, CA  94553
Attn: Marshall Bennett
Marshall.Bennett@hsd.cccounty.us