



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): _____

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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