

# R-AEDi AED Owner Incident Report Form

✓ Email this completed form to [r-aedi@heart.org.sg](mailto:r-aedi@heart.org.sg)  
For more information, contact 6354 9340

## 1. Particulars of AED Owner\*

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
Designation: \_\_\_\_\_ Contact No.:   
Email: \_\_\_\_\_

## 2. Incident Details

Incident Date\*:  (dd/mm/yyyy) Incident Time\*:  (hh:mm) **AM/PM**

Incident Location\*: \_\_\_\_\_

CPR started\*:  Yes  No

AED applied\*:  Yes  No

Shock delivered:  Yes  No

If 'Yes' please indicate the total number of shocks delivered

Please indicate the time of first (1st) shock

(hh:mm) **AM/PM**

Return of pulse prior to ambulance arrival

Yes  No

If 'Yes', please indicate the time of pulse return

(hh:mm) **AM/PM**

## 3. Casualty Details

Name: \_\_\_\_\_ Gender:  Male  Female Age:

## 4. AED Responder Details

Name: \_\_\_\_\_ Contact Number:

## 5. AED Device Details\*

Brand and Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

AED Location ID: \_\_\_\_\_

## 6. Checklist of Documents\*

AED Owner Incident Form  AED Registration with **myResponder**  AED Summary Printout

7. Cheque payable to: \_\_\_\_\_ (if applicable)

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date

\*Compulsory fields to be completed

## For Official Use

AED Type:  PAD  Non-PAD **PAD Subsidy**  Eligible  Ineligible

Processed by: \_\_\_\_\_  
Name & Signature Date