

EVENT SUMMARY

LOCATION OF EVENT	DATE OF EVENT (YYYYMMDD)	TIME OF EVENT
PAD OVERSIGHT PHYSICIAN		
PAD PROGRAM COORDINATOR		
VICTIM'S NAME		
WAS THE EVENT WITNESSED OR NON-WITNESSED? <input type="checkbox"/> WITNESSED <input type="checkbox"/> NON-WITNESSED		
NAME OF TRAINED RESCUER(S)		
INTERNAL RESPONSE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS 9-1-1 CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS PULSE TAKEN AT INITIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS CPR GIVEN BEFORE THE AED <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, NAME(S) OF CPR RESCUER(S)		
WERE SHOCKS GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL NUMBER OF SHOCKS _____	
DID THE VICTIM.....		
REGAIN A PULSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESUME BREATHING? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGAIN <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THE PROCEDURE FOR TRANSFERRING PATIENT CARE TO THE EMERGENCY MEDICAL TEAM <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS		
WERE ANY PROBLEMS ENCOUNTERED?		
PRINTED NAME OF PERSON COMPLETING FORM	DAYTIME CONTACT PHONE NUMBER	NIGHTTIME CONTACT PHONE NUMBER
FAX THIS FORM, SMC IMT 7, EVENT SUMMARY SHEET 61 MDS/SGO (PAD) @ (310) 363-5002 WITHIN 24 HOURS OF USING AED.		

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).