Medical Emergency Response Report

Date and time of report_____ Date and time of incident_____

Name of victim_____

Victim's employee no._____ Location of emergency_____

Equipment involved in emergency_____

What was the victim's problem?_____

_____

Did the injury or illness involve any of the following? (Check all that apply.)

- ❑ CPR
- ❑ Automated external defibrillation (use of an AED)
- ❑ Breathing assistance
- ❑ Bleeding
- ❑ A fall
- ❑ An electric shock
- ❑ Burn
- ❑ Head
- ❑ Eye (R) (L)
- ❑ Arm (R) (L)
- ❑ Leg (R) (L)
- ❑ Hand (R) (L)
- ❑ Foot (R) (L)
- ❑ Poisoning
- ❑ Other _____

What happened?

_____

_____

_____

_____

List all responders who helped with the emergency

_____

_____

_____

What happened to the victim?_____

Name of person completing report_____

Date_____

Adopted: 08-27-08