

ACT 496 OF 2009 DEFIBRILLATOR DATA COLLECTION FORM

(Complete one form for each school LEA)

NOTE: This form is to be used as a method to gather information for this data collection; the collection comes in cycle 5. Pass on information to the district's cycle coordinator.

District: _____

School: _____

School Year: _____

I. Name of person responsible for overseeing the use of the defibrillator.

First Name _____

Middle Name _____

Last Name _____

II. Position title of person responsible for overseeing the use of the defibrillator (nurse, principal, secretary, etc.) _____

III. How many times has the defibrillator been used during the regular school day? _____

IV. How many times has the defibrillator been used outside of the regular school day? _____

V. How many times has the defibrillator been used for students? _____

VI. How many times has the defibrillator been used for faculty? _____

VII. How many faculty members are trained to use the defibrillator? _____

VIII. Was the defibrillator purchased with Tobacco Excise Tax fund? Yes / No