



R E P O R T C A R D

General Checklist

EVENT NUMBER / DATE _____

Was the team leader clearly identified?

☐ ☐ ☐

Was the scene orderly and quiet?

☐ ☐ ☐

Was the defibrillator applied quickly?

☐ ☐ ☐

Was CPR started promptly?

☐ ☐ ☐

Were pauses in CPR delivery minimized?

☐ ☐ ☐

Was CPR of subjectively high quality?

☐ ☐ ☐

Were peri-shock pauses minimized?

☐ ☐ ☐

Was an airway secured efficiently?

☐ ☐ ☐

COMMENTS



R E P O R T C A R D

CPR Quality Analysis

EVENT NUMBER / DATE _____

Compression fraction

Greater than 80%

%



Mean compression rate

100 to 120 compressions/min

(compressions/min)



Mean compression depth

ADULTS: at least 50 mm (2 inches)

*INFANTS and CHILDREN: at least 1/3 AP
dimension of chest*

(mm)



Compressions without leaning

Full chest recoil

%



Mean ventilation rate

Less than 12 breaths/min; minimal chest rise

(breaths/min)



COMMENTS



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