

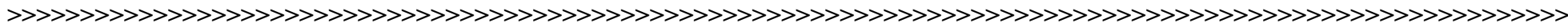
# COMMUNITY SAFETY CONSULTANTS AHA CPR COURSE RECORD SHEET

Organization: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Total Days: \_\_\_\_\_

# of INITIAL students: \_\_\_\_\_ : # of RENEWAL students \_\_\_\_\_, # of INC students: \_\_\_\_\_ ; Student/Manikin Ratio: \_\_\_\_\_ (Max = 3:1)

Instr/Student Ratio: \_\_\_\_\_ (Max: 1:6) Manikin decon following CSC policy by: \_\_\_\_\_



Lead Instr: \_\_\_\_\_ Instr Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cards to be picked up by instructor \_\_\_\_\_

Asst Instrs 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**INSTRUCTOR COMMENTS (include remediations):** Note: Students need a score of 84% or above on the written test to pass or they MUST be remediated.

I acknowledge by signing below that above class was taught to AHA guidelines. I also either gave or verified the students received a book and have attached proof of either.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**CHECK OFF ONE COURSE      MARK OFF SKILLS COMPLETED**

- H/S CPR/AED       Adult     Child     Infant
- H/S First Aid
- H/S FA/CPR/AED     Adult     Child     Infant
- H/S Pediatric FA/CPR/AED     Adult     Child     Infant
- BLS                       BLS Renewal
- H/S-(K-12) FA/CPR/AED     Adult     Child     Infant
- Instructor    \_\_\_ BLS      \_\_\_ Heartsaver
- Family & Friends

**Equipment Used: Lead instructor must fill in for all classes**

AHA Bag #: \_\_\_\_\_ AED Trainer(s) #: \_\_\_\_\_

Manikin #s used in class – Adult: \_\_\_\_\_

Child: \_\_\_\_\_

Infant: \_\_\_\_\_

F/A Instructor Box #: \_\_\_\_\_ F/A Box #s: \_\_\_\_\_

Other Equipment used (type): \_\_\_\_\_

^^^^^^^^^^^^^^ Office use only ^^^^^^^^^^^^^^^

Paid \$: \_\_\_\_\_ PO: \_\_\_\_\_ Check: \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Cards sent on: \_\_\_ / \_\_\_ / \_\_\_ To whom: \_\_\_\_\_

# PLEASE - NEATLY PRINT INFORMATION

Write grade less than 84. Fill Passing grade later  
 Practical & Final  
 P- Pass, R- Remediate, I- Inc.

COURSE DATES	
80	92

	BLS	REN	FIRST NAME	LAST NAME	ADDRESS (Street, City, State)	ZIP CODE		COURSE DATES		WRIT.	PRAC	FIN	INC	PD	AMT
								80	92						
1															
			EMAIL:							X					
2															
			EMAIL:							X					
3															
			EMAIL:							X					
4															
			EMAIL:							X					
5															
			EMAIL:							X					
6															
			EMAIL:							X					
7															
			EMAIL:							X					
8															
			EMAIL:							X					
9															
			EMAIL:							X					
10															
			EMAIL:							X					