

# CSC ASHI - C P R COURSE RECORD SHEET

COURSE NO.: \_\_\_\_\_

ORGANIZATION: _____				<input type="checkbox"/> ADULT-1RESC <input type="checkbox"/> 2 RESC <input type="checkbox"/> CHILD <input type="checkbox"/> PRO RESC <input type="checkbox"/> INFANT <input type="checkbox"/> BVM <input type="checkbox"/> MIX <input type="checkbox"/> AED <input type="checkbox"/> CPR/AED/FA Combo <input type="checkbox"/> RENEWAL <div style="text-align: center;">(SEE BACK)</div>				
ADDRESS: _____								
CITY, STATE, ZIP: _____								
COURSE LOCATION: _____								
CLASS START TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM		CLASS STOP TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM						
DATE: _____	DATE: _____	TTL HRS.	TTL DAYS	# STUD.ENROL.	PASSED	INC.	REMEDiate	NO. OF ITEMS SOLD (mark if paid)
DATE: _____	DATE: _____							\$10   MICRO KEYS    _____ \$15   POCKET MASKS   _____
<b>INSTRUCTORS</b>  1. _____ 2. _____ 3. _____ 4. _____				<b>Total Hours Worked</b>  _____ _____ _____ _____		INSTRUCTOR COMMENTS: <input type="checkbox"/> MAIL CARDS TO INSTR. <input type="checkbox"/> INSTR. WILL PICK UP _____ _____ _____ RESTOCK: _____		

- 1 \_\_\_\_\_ 26 \_\_\_\_\_
- 2 \_\_\_\_\_ 27 \_\_\_\_\_
- 3 \_\_\_\_\_ 28 \_\_\_\_\_
- 4 \_\_\_\_\_ 29 \_\_\_\_\_
- 5 \_\_\_\_\_ 30 \_\_\_\_\_
- 6 \_\_\_\_\_ 31 \_\_\_\_\_
- 7 \_\_\_\_\_ 32 \_\_\_\_\_
- 8 \_\_\_\_\_ 33 \_\_\_\_\_
- 9 \_\_\_\_\_ 34 \_\_\_\_\_
- 10 \_\_\_\_\_ 35 \_\_\_\_\_
- 11 \_\_\_\_\_ 36 \_\_\_\_\_
- 12 \_\_\_\_\_ 37 \_\_\_\_\_
- 13 \_\_\_\_\_ 38 \_\_\_\_\_
- 14 \_\_\_\_\_ 39 \_\_\_\_\_
- 15 \_\_\_\_\_ 40 \_\_\_\_\_
- 16 \_\_\_\_\_ 41 \_\_\_\_\_
- 17 \_\_\_\_\_ 42 \_\_\_\_\_
- 18 \_\_\_\_\_ 43 \_\_\_\_\_
- 19 \_\_\_\_\_ 44 \_\_\_\_\_
- 20 \_\_\_\_\_ 45 \_\_\_\_\_
- 21 \_\_\_\_\_ 46 \_\_\_\_\_
- 22 \_\_\_\_\_ 47 \_\_\_\_\_
- 23 \_\_\_\_\_ 48 \_\_\_\_\_
- 24 \_\_\_\_\_ 49 \_\_\_\_\_
- 25 \_\_\_\_\_ 50 \_\_\_\_\_

**INSTRUCTORS REMINDERS:** Remember to count test booklets prior to and post testing. You are responsible for returning all of them with answer keys. Check student names and addresses for legibility make corrections as needed. Please make sure this paperwork equipment and applicable fees are turned into CSC within 2 weeks of course completion.

## C P R WRITTEN TEST WRONG ANSWER HISTORY

**DIRECTIONS:** The section to the left should be completed as the written test is being graded. Go through each test sheet and put a mark next to each number question( to the left) that the students has answered incorrectly, then tally up which questions students got wrong most frequently.  
(Used for instructor self improvement.)

Refer to this section as you review the test results with the students.

I verify that the following persons have successfully completed the cognitive and performance evaluations in accordance with American Safety and Health Institute Guidelines.	
Date Course Conducted _____	Signature of Instructor / Coordinator _____

### Equipment Used:

### "All Instructors Must Fill In"

ABC Bag #: \_\_\_\_\_ AHA Bag #: \_\_\_\_\_ AED Trainer #: \_\_\_\_\_ First Aid Instr. Boxes #: \_\_\_\_\_

First Aid Bag #: \_\_\_\_\_ First Aid Boxes #: \_\_\_\_\_

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

**Manikins used in class:** Adult's: \_\_\_\_\_

(Please enter manikin's #'s) Children's: \_\_\_\_\_

Infant's: \_\_\_\_\_

Paid \$: \_\_\_\_\_ √: \_\_\_\_\_ P.O.: \_\_\_\_\_

Mailed cards on: \_\_\_\_\_ To Whom: \_\_\_\_\_

