

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 (SEE BACK)					
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 <small>(mark if paid)</small>	
DATE: _____	DATE: _____							\$10 MICRO KEYS _____	
								\$15 POCKET MASKS _____	
INSTRUCTORS				Total Hours Worked				INSTRUCTOR COMMENTS: <input type="checkbox"/> MAIL CARDS TO INSTR. <input type="checkbox"/> INSTR. WILL PICK UP	
1. _____				_____				-----	
2. _____				_____				-----	
3. _____				_____				-----	
4. _____				_____				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 _____

<u>Equipment Used:</u>	<u>"All Instructors Must Fill In"</u>
ABC Bag #: _____	AHA Bag #: _____
AED Trainer #: _____	First Aid Instr. Boxes #: _____
First Aid Bag #: _____	First Aid Boxes #: _____
Other Equipment used (type): _____	
<u>Manikins used in class:</u> Adult's: _____	
(Please enter manikin's #'s) Children's: _____	
Infant's: _____	
Paid \$: _____ √: _____ P.O.: _____	
Mailed cards on: _____ To Whom: _____	

PLEASE - NEATLY PRINT INFORMATION

COURSE DATES

84 / 92

✓ OF ROW	NAME	ADDRESS (Street, City, State)	ZIP CODE	PHONE	COURSE DATES	WRT.	PRAC	FN	PD ✓ \$	AMT
1										
2										
3										
4										
5										
6										
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17										
18										
19										
20										

INSTRUCTORS: Please be sure the above list is LEGIBLE and COMPLETE