

# CSC ASHI – FIRST AID COURSE RECORD SHEET

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

ORGANIZATION: _____				<b>FIRST AID COURSE TYPE</b> <input type="checkbox"/> STANDARD ( 3.5 – 20 Hrs.) <input type="checkbox"/> ADVANCED (21 – 35 Hrs.) <input type="checkbox"/> PET ( 7 Hrs.) <input type="checkbox"/> RENEWAL					
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 _____	
DATE: _____ DATE: _____									
<b>INSTRUCTORS</b>						INSTRUCTOR COMMENTS: <input type="checkbox"/> MAIL CARDS TO INSTR. <input type="checkbox"/> INSTR. WILL PICK UP			
1. (LEAD) _____ 4. _____						RESTOCK: _____ _____ _____ _____			
2. _____ 5. _____									
3. _____ 6. _____									

- |          |          |
|----------|----------|
| 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 _____ |

**INSTRUCTOR REMINDERS:** Remember to count test booklets prior to and post evaluation!!!!!! 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 paper work and applicable fees are turned into CSC within 2 weeks of course completion. THANKS..

## FIRST AID WRITTEN TEST ANSWER HISTORY

This section provides a bank of questions that students have answered incorrectly. Refer to this section as you review test results with the students. (Used for instructor self evaluation.)

**DIRECTIONS:** The section to the left should be completed as the written test is being graded. Go through each test put a mark next to each question that has been answered incorrectly, then tally up which questions students got wrong most frequently.

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: \_\_\_\_\_

04/04/08

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

			FIRST NAME	LAST NAME	ADDRESS (Street, City, State)	ZIP CODE	PHONE			WRT.	PRAC	FIN	INC	PD	AMT
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					