

# 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. _____					-----		
2. _____ 5. _____					-----		
3. _____ 6. _____					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 \_\_\_\_\_

**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 _____

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

**PLEASE - NEATLY PRINT INFORMATION**

Level	First	Name	Last	ADDRESS (Street, City, State)	ZIP CODE	PHONE	COURSE DATES				WRITTEN	PRAC	FIN	PD	S	AMT	
1																	
2																	
3																	
4																	
5																	
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fad04/08

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