

CSC ASHI – FIRST AID COURSE RECORD SHEET

COURSE NO. _____

ORGANIZATION: _____				FIRST AID COURSE TYPE <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: _____						
INSTRUCTORS					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 _____
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- 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 _____

<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

	Level	Name		ADDRESS (Street, City, State)	ZIP CODE	COURSE DATES				WRITTEN	PRAC	FIN	PD ✓ \$	AMT	
		First	Last		PHONE										
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2															
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INSTRUCTORS: Please be sure the above list is LEGIBLE and COMPLETE