

**COMMUNITY SAFETY CONSULTANTS AHA CPR COURSE RECORD SHEET**

Instr(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Total Days: \_\_\_\_\_

# of Initial Students : \_\_\_\_\_ # of Renewal Students: \_\_\_\_\_ # of Inc. \_\_\_\_\_ Students/ Manikin Ratio: \_\_\_\_\_ (Max 3:1)

Instructor/ student Ratio: \_\_\_\_\_ (Max 1:6) Manikins Decontaminated Following CSC Policy By: \_\_\_\_\_

Instructor Comments (Include Remediations): \_\_\_\_\_  
 \_\_\_\_\_

**\*\* Students need an (85%) or above on written test to pass / or they must be remediated\*\***

I verify that this information is accurate, and this course was taught in accordance with AHA guidelines.

Instructor Signature: X \_\_\_\_\_

COURSE TYPE  H/S & H/S w/AED Courses only

Equipment Used: "All Instructors Must Fill In"

<input type="checkbox"/> Family & Friends <input type="checkbox"/> Heartsaver CPR <input type="checkbox"/> CPR in School <input type="checkbox"/> Heartsaver AED <input type="checkbox"/> BLS Healthcare Prov. <input type="checkbox"/> BLS Instructor	_____ Adult/Child CPR w/ Mask & FBAO _____ Adult/Child CPR & FBAO _____ Adult/Child CPR w/ Mask _____ Adult/Child AED _____ Infant CPR w/ Mask & FBAO _____ Infant CPR & FBAO _____ Infant CPR w/ Mask	AHA Bag #: _____ AED Trainer #: _____ First Aid Instr. Box # _____ First Aid Bag #: _____ First Aid Boxes #: _____ Other Equipment used (type): _____ Manikins used in class: Adult: _____ (Please enter manikins's #'s) Children's: _____ Infant': _____ Paid \$: _____ P O _____ Check: _____ Cards Sent on: _____ To Whom _____
---	--	---

PLEASE - NEATLY PRINT INFORMATION

Fill Passing grade later  
Practical & Final  
P - Pass, R - Remediate, I - Inc.

COURSE  
DATES

84  
92

	R/S	REV	NAME	ADDRESS (Street, City, State)	ZIP CODE	PHONE	COURSE DATES			WRIT.	PRAC	FIN	INC	PD	V.S	AMT
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																

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