Attachment B
OP-100204

CPR PRO

Attendance Roster

COURSE: **CPR for the Professional** **(Initial Course)** ☐ **(Renewal Course)** ☐

START TIME: _____ END TIME : _____ CREDIT HOURS : _____

START DATE: _____ END DATE : _____ LOCATION: _____

TRAINING OFFICER/COORDINATOR: _____ / _____
assigned unit/facility/district

LEAD INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

ASSISTING INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

ASSISTING INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

ASSISTING INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

As an instructor with my signature I am attesting to the attendance of these students that have signed below, and that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with the Standards & Guidelines for Quality Assurance of the American Safety & Health Institute.

PRINT LAST NAME, FIRST NAME, EMPLOYEE ID		**Written Exam Passed**	**Performance Evaluations Passed**	**Card Issued** Yes	No	**Work Location**	**Test Score**
1		☐ yes ☐ no	☐ yes ☐ no	Y	N		
2		☐ yes ☐ no	☐ yes ☐ no	Y	N		
3		☐ yes ☐ no	☐ yes ☐ no	Y	N		
4		☐ yes ☐ no	☐ yes ☐ no	Y	N		
5		☐ yes ☐ no	☐ yes ☐ no	Y	N		
6		☐ yes ☐ no	☐ yes ☐ no	Y	N		
7		☐ yes ☐ no	☐ yes ☐ no	Y	N		
8		☐ yes ☐ no	☐ yes ☐ no	Y	N		
9		☐ yes ☐ no	☐ yes ☐ no	Y	N		
10		☐ yes ☐ no	☐ yes ☐ no	Y	N		
11		☐ yes ☐ no	☐ yes ☐ no	Y	N		
12		☐ yes ☐ no	☐ yes ☐ no	Y	N		
13		☐ yes ☐ no	☐ yes ☐ no	Y	N		
14		☐ yes ☐ no	☐ yes ☐ no	Y	N		
15		☐ yes ☐ no	☐ yes ☐ no	Y	N		
16		☐ yes ☐ no	☐ yes ☐ no	Y	N		
17		☐ yes ☐ no	☐ yes ☐ no	Y	N		
18		☐ yes ☐ no	☐ yes ☐ no	Y	N		

Answer sheets and performance evaluation sheets will be filed in each student's training file.

	PRINT LAST NAME, FIRST NAME, EMPLOYEE ID	**Written Exam Passed**	**Performance Evaluations Passed**	**Card Issued**		**Work Location**	**Test Score**
				Yes	**No**		
19		☐ yes ☐ no	☐ yes ☐ no	Y	N		
20		☐ yes ☐ no	☐ yes ☐ no	Y	N		
21		☐ yes ☐ no	☐ yes ☐ no	Y	N		
22		☐ yes ☐ no	☐ yes ☐ no	Y	N		
23		☐ yes ☐ no	☐ yes ☐ no	Y	N		
24		☐ yes ☐ no	☐ yes ☐ no	Y	N		
25		☐ yes ☐ no	☐ yes ☐ no	Y	N		
26		☐ yes ☐ no	☐ yes ☐ no	Y	N		
27		☐ yes ☐ no	☐ yes ☐ no	Y	N		
28		☐ yes ☐ no	☐ yes ☐ no	Y	N		
29		☐ yes ☐ no	☐ yes ☐ no	Y	N		
30		☐ yes ☐ no	☐ yes ☐ no	Y	N		
31		☐ yes ☐ no	☐ yes ☐ no	Y	N		
32		☐ yes ☐ no	☐ yes ☐ no	Y	N		
33		☐ yes ☐ no	☐ yes ☐ no	Y	N		
34		☐ yes ☐ no	☐ yes ☐ no	Y	N		
35		☐ yes ☐ no	☐ yes ☐ no	Y	N		
36		☐ yes ☐ no	☐ yes ☐ no	Y	N		
37		☐ yes ☐ no	☐ yes ☐ no	Y	N		
38		☐ yes ☐ no	☐ yes ☐ no	Y	N		
39		☐ yes ☐ no	☐ yes ☐ no	Y	N		
40		☐ yes ☐ no	☐ yes ☐ no	Y	N		
41		☐ yes ☐ no	☐ yes ☐ no	Y	N		
42		☐ yes ☐ no	☐ yes ☐ no	Y	N		
43		☐ yes ☐ no	☐ yes ☐ no	Y	N		
44		☐ yes ☐ no	☐ yes ☐ no	Y	N		
45		☐ yes ☐ no	☐ yes ☐ no	Y	N		
46		☐ yes ☐ no	☐ yes ☐ no	Y	N		
47		☐ yes ☐ no	☐ yes ☐ no	Y	N		
48		☐ yes ☐ no	☐ yes ☐ no	Y	N		
49		☐ yes ☐ no	☐ yes ☐ no	Y	N		
50		☐ yes ☐ no	☐ yes ☐ no	Y	N		
51		☐ yes ☐ no	☐ yes ☐ no	Y	N		
52		☐ yes ☐ no	☐ yes ☐ no	Y	N		
53		☐ yes ☐ no	☐ yes ☐ no	Y	N		
54		☐ yes ☐ no	☐ yes ☐ no	Y	N		
55		☐ yes ☐ no	☐ yes ☐ no	Y	N		
56		☐ yes ☐ no	☐ yes ☐ no	Y	N		
57		☐ yes ☐ no	☐ yes ☐ no	Y	N		
58		☐ yes ☐ no	☐ yes ☐ no	Y	N		
59		☐ yes ☐ no	☐ yes ☐ no	Y	N		
60		☐ yes ☐ no	☐ yes ☐ no	Y	N		

Attachment B
OP-100204

FIRST AID

Attendance Roster

COURSE: **First Aid** **(Initial Course)** ☐ **(Renewal Course)** ☐

START TIME: _____ END TIME : _____ CREDIT HOURS : _____

START DATE: _____ END DATE : _____ LOCATION: _____

TRAINING OFFICER/COORDINATOR: _____ / _____
assigned unit/facility/district

LEAD INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

ASSISTING INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

ASSISTING INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

ASSISTING INSTRUCTOR _____ / _____ EXP DATE _____ ☐ INST ☐ IT
Instructor's signature

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	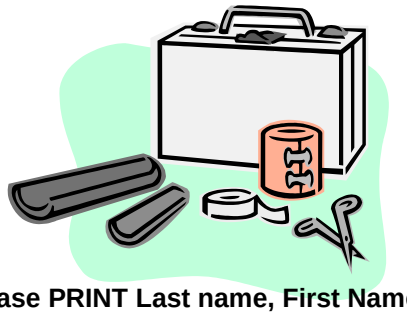 **Please PRINT Last name, First Name, Employee ID**	**Work Location**	**Removal of Contaminated Gloves**	**Primary Assessment of an Unresponsive/ Responsive Person**	**Control of Severe Bleeding**	**Recovery Position**	**Stabilize a Suspected Head, Neck, or Back Injury**	**Stabilize a Swollen, Painful or Deformed Limb**	**Written Exam Score**
1			☐	☐	☐	☐	☐	☐	
2			☐	☐	☐	☐	☐	☐	
3			☐	☐	☐	☐	☐	☐	
4			☐	☐	☐	☐	☐	☐	
5			☐	☐	☐	☐	☐	☐	
6			☐	☐	☐	☐	☐	☐	
7			☐	☐	☐	☐	☐	☐	
8			☐	☐	☐	☐	☐	☐	
9			☐	☐	☐	☐	☐	☐	
10			☐	☐	☐	☐	☐	☐	
11			☐	☐	☐	☐	☐	☐	
12			☐	☐	☐	☐	☐	☐	
13			☐	☐	☐	☐	☐	☐	
14			☐	☐	☐	☐	☐	☐	

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	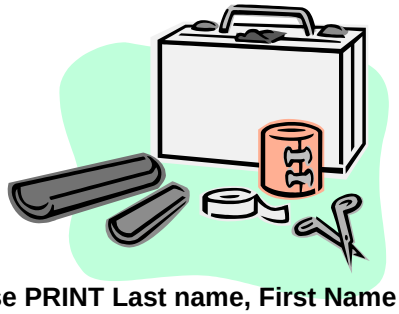 Please PRINT Last name, First Name and Employee ID	Work Location	Removal of Contaminated Gloves	Primary Assessment of an Unresponsive/ Responsive Person	Control of Severe Bleeding	Recovery Position	Stabilize a Suspected Head, Neck, or Back Injury	Stabilize a Swollen, Painful or Deformed Limb	Written Exam Score
15			☐	☐	☐	☐	☐	☐	
16			☐	☐	☐	☐	☐	☐	
17			☐	☐	☐	☐	☐	☐	
18			☐	☐	☐	☐	☐	☐	
19			☐	☐	☐	☐	☐	☐	
20			☐	☐	☐	☐	☐	☐	
21			☐	☐	☐	☐	☐	☐	
22			☐	☐	☐	☐	☐	☐	
23			☐	☐	☐	☐	☐	☐	
24			☐	☐	☐	☐	☐	☐	
25			☐	☐	☐	☐	☐	☐	
26			☐	☐	☐	☐	☐	☐	
27			☐	☐	☐	☐	☐	☐	
28			☐	☐	☐	☐	☐	☐	
29			☐	☐	☐	☐	☐	☐	
30			☐	☐	☐	☐	☐	☐	
31			☐	☐	☐	☐	☐	☐	
32			☐	☐	☐	☐	☐	☐	
33			☐	☐	☐	☐	☐	☐	
34			☐	☐	☐	☐	☐	☐	
35			☐	☐	☐	☐	☐	☐	
36			☐	☐	☐	☐	☐	☐	
37			☐	☐	☐	☐	☐	☐	
38			☐	☐	☐	☐	☐	☐	
39			☐	☐	☐	☐	☐	☐	
40			☐	☐	☐	☐	☐	☐	
41			☐	☐	☐	☐	☐	☐	
42			☐	☐	☐	☐	☐	☐	
43			☐	☐	☐	☐	☐	☐	
45			☐	☐	☐	☐	☐	☐	
46			☐	☐	☐	☐	☐	☐	
47			☐	☐	☐	☐	☐	☐	
48			☐	☐	☐	☐	☐	☐	
49			☐	☐	☐	☐	☐	☐	
50			☐	☐	☐	☐	☐	☐	
51			☐	☐	☐	☐	☐	☐	

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