

## CPR Supplies Sign Out

Name: \_\_\_\_\_ P/U \_\_\_\_\_ RETURN \_\_\_\_\_

<b>Number of Students:</b>		<b>Course Type:</b>	<input type="checkbox"/> HCP <input type="checkbox"/> HSAED/HSFA/Both <input type="checkbox"/> <i>Family &amp; Friends</i>
Instructor Manual / DVD #		Test A/B (with answer key)	
Adult Manikins Bags		Infant Manikins Bags	
CPR Supply Kit		AED	#
Mouthpieces @ cost	#		
<b>Equipment checklist:</b>			
<input type="checkbox"/> <b>Equipment decontaminated per policy and packed appropriately</b>			
<b>Comments:</b>			
INSTRUCTOR CHARGES:			
Mouthpieces #		Cost:	
Class Fee		Cost: \$10.00	
Card Fee # @ 3.00 each		Cost:	
<b>Books # @</b>			
<b>TOTAL DUE</b>			

1945-DOC5000  
4/1/2014, 7/19/16

## CPR Supplies – Quality Assurance

Name: \_\_\_\_\_ P/U \_\_\_\_\_ RETURN \_\_\_\_\_

<b>How many students attended your class(es) ?</b>		<b>Course Type:</b>	<input type="checkbox"/> HCP <input type="checkbox"/> HSAED/HSFA/Both <input type="checkbox"/> <i>Family &amp; Friends</i>
Instructor Manual / DVD		Test A/B (with answer key)	
Adult Manikins Bags		Infant Manikins Bags	
CPR Supply Kit		AED	#
Mouthpieces reserved	#	Does the AED need batteries / pads?	
Mouthpieces	#	Mouthpieces <b>returned</b> to TC	#
<b>Equipment checklist:</b>			
<input type="checkbox"/> <b>Equipment decontaminated per policy and packed appropriately</b>			
<input type="checkbox"/> <b>Equipment checked for damage / disrepair</b>			
<b>Comments:</b> _____			
<input type="checkbox"/> <b>Supplies bag checked. Items needed:</b>			
_____			
Instructors initials: _____			

1945-DOC5000  
4/1/2014, 7/19/16