

CPR Supplies Sign Out

Name: _____ P/U _____ RETURN _____

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

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

CPR Supplies – Quality Assurance

Name: _____ P/U _____ RETURN _____

How many students attended your class(es) ?		Course Type:	<input type="checkbox"/> HCP <input type="checkbox"/> HSAED/HSFA/Both <input type="checkbox"/> <i>Family & 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 returned to TC	#
Equipment checklist:			
<input type="checkbox"/> Equipment decontaminated per policy and packed appropriately			
<input type="checkbox"/> Equipment checked for damage / disrepair			
Comments: _____			
<input type="checkbox"/> Supplies bag checked. Items needed:			

Instructors initials: _____			

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