

American Red Cross

Professional Rescuer First Aid and CPR/AED Activity Report

TRAINING SITE INFORMATION	COURSE INFORMATION																																								
Red Cross Unit Where Course Was Taught <u>Muskingum Valley Chapter - Zanesville Ohio</u>	Start Date: _____ End Date: _____																																								
Facility Name _____	PROGRAM <input type="checkbox"/> CPR/AED for the Professional Rescuer <input type="checkbox"/> Bloodborne Pathogens: PDT <input type="checkbox"/> Emergency Response <input type="checkbox"/> Administering Emergency Oxygen																																								
Facility Address _____ <small>Street Address</small>																																									
_____ <small>City, State, Zip</small>	Course Name: _____																																								
Facility Contact _____	Course Format: <input type="checkbox"/> Full Course <input type="checkbox"/> Review <input type="checkbox"/> Challenge																																								
Facility Phone _____	Total Individuals Enrolled in the Course:																																								
AP Name/ID No. _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Components</th> <th style="width:10%;">Emergency Response</th> <th style="width:10%;">CPR/AED for the Professional Rescuer</th> <th style="width:10%;">Administering Emergency Oxygen</th> <th style="width:10%;">Bloodborne Pathogens: PDT</th> <th style="width:10%;">Epi-Auto Injector</th> <th style="width:10%;">Asthma Inhaler Training</th> <th style="width:10%;">Other:</th> </tr> </thead> <tbody> <tr> <td>Number Enrolled</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number Passed</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number Inc./Audit</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Components	Emergency Response	CPR/AED for the Professional Rescuer	Administering Emergency Oxygen	Bloodborne Pathogens: PDT	Epi-Auto Injector	Asthma Inhaler Training	Other:	Number Enrolled								Number Passed								Number Inc./Audit								Total Hours							
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AP Address (if different from Facility) _____																																									

TRAINING DELIVERY Full Service Community Authorized Provider

TRAINING AUDIENCE
Check the box that best describes the training audience:

OCCUPATIONAL/WORKPLACE
(Manufacturing, Administrative/Office, Retail Store/Mall, Transportation Center)

MEDICAL/RESCUE
(Hospital, EMS/Fire, Police)

ACADEMIC
(K-12, College, University, Trade school)

CONSUMER
(Youth group, Military, Community group, Religious group, Parks & Recreation/Government)

DEMOGRAPHIC INFORMATION
(optional)
Ethnic Origin:

White
 Hispanic or Latino
 Black or African American
 American Indian/ Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Did Not Report

Gender: Male Female

CERTIFICATES (check one)

Certificates issued on site Send to facility's address
Attn: _____

Instructor will pick up Send to AP address
Attn: _____

Send to Instructor at Instructor's address

INSTRUCTOR INFORMATION ID No. _____

Instructor Name _____

Instructor Address _____
Street Address

Check here if new address or telephone number. _____
City, State, Zip

Instructor Telephone Number () _____

E-mail _____

Instructor Signature _____
(not required if Instructor ID is provided)

Instructor Unit of Authorization _____

Course taught as Red Cross Volunteer Red Cross Employee Authorized Provider

CO-INSTRUCTOR INFORMATION ID No. _____

Instructor Name _____

Instructor Address _____
Street Address

Check here if new address or telephone number. _____
City, State, Zip

Instructor Telephone Number () _____

E-mail _____

Instructor Signature _____
(not required if Instructor ID is provided)

Instructor Unit of Authorization _____

Course taught as Red Cross Volunteer Red Cross Employee Authorized Provider

COMMENTS Muskingum Valley Chapter
22 South 7th Street Zanesville, Ohio 43701
phone - 740-452-2731 fax - 740-452-9941

By submitting this form the instructor(s) acknowledges that the course was taught according to American Red Cross standards.

R E D C R O S S O F F I C E U S E O N L Y

Total Fees Collected	Red Cross Branch	Date Received	Date Certs Issued	Date Closed in LMS	Person Entering Data	LMS Class ID Number