

# American Red Cross

# Professional Rescuer First Aid and CPR/AED Activity Report

TRAINING SITE INFORMATION	COURSE INFORMATION
Red Cross Unit Where Course Was Taught _____	Start Date: _____ End Date: _____
Facility Name _____	<b>PROGRAM</b> <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. _____	
AP Address (if different from Facility) _____	

**TRAINING DELIVERY**     Full Service     Community     Authorized Provider

TRAINING AUDIENCE	DEMOGRAPHIC INFORMATION
Check the box that best describes the training audience: <input type="checkbox"/> <b>OCCUPATIONAL/WORKPLACE</b> (Manufacturing, Administrative/Office, Retail Store/Mall, Transportation Center) <input type="checkbox"/> <b>MEDICAL/RESCUE</b> (Hospital, EMS/Fire, Police) <input type="checkbox"/> <b>ACADEMIC</b> (K-12, College, University, Trade school) <input type="checkbox"/> <b>CONSUMER</b> (Youth group, Military, Community group, Religious group, Parks & Recreation/Government)	(optional) <b>Ethnic Origin:</b> ___ White ___ Hispanic or Latino ___ Black or African American ___ American Indian/ Alaska Native ___ Asian ___ Native Hawaiian or Pacific Islander ___ Did Not Report  <b>Gender:</b> ___ Male    ___ Female

Components	Emergency Response	CPR/AED for the Professional Rescuer	CPR/AED for Lifeguards	Administering Emergency Oxygen	Bloodborne Pathogens: PDT	Epi-Auto Injector	Asthma Inhaler Training	Other:
Number Enrolled								
Number Passed								
Number Inc./Audit								
Total Hours								

**CERTIFICATES (check one)**     Send to facility's address  
 Certificates issued on site    Attn: \_\_\_\_\_  
 Instructor will pick up     Send to AP address  
 Send to Instructor at Instructor's address    Attn: \_\_\_\_\_

INSTRUCTOR INFORMATION	ID No.
Instructor Name _____	
Instructor Address _____ <small>Street Address</small>	
<input type="checkbox"/> Check here if new address or telephone number.	
_____ <small>City, State, Zip</small>	
Instructor Telephone Number (    ) _____	
E-mail _____	
Instructor Signature _____ <small>(not required if Instructor ID is provided)</small>	
Instructor Unit of Authorization _____	
Course taught as <input type="checkbox"/> Red Cross Volunteer <input type="checkbox"/> Red Cross Employee <input type="checkbox"/> Authorized Provider	

CO-INSTRUCTOR INFORMATION	ID No.
Instructor Name _____	
Instructor Address _____ <small>Street Address</small>	
<input type="checkbox"/> Check here if new address or telephone number.	
_____ <small>City, State, Zip</small>	
Instructor Telephone Number (    ) _____	
E-mail _____	
Instructor Signature _____ <small>(not required if Instructor ID is provided)</small>	
Instructor Unit of Authorization _____	
Course taught as <input type="checkbox"/> Red Cross Volunteer <input type="checkbox"/> Red Cross Employee <input type="checkbox"/> Authorized Provider	

**COMMENTS**

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**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