

Staff CPR/AED Training Log

TRAINEE NAME	TRAINING ORGANIZATION	DATE OF CERTIFICATION OR TRAINING	RENEWAL DUE (IF APPLICABLE)	COPY OF CARD ON FILE? (IF APPLICABLE)	DATE OF ADDITIONAL SKILL REVIEW
<i>Example:</i> Judy Smith (Custodian)	<i>Example:</i> AHA, Red Cross, etc.	<i>Example:</i> 09/01/20	<i>Example:</i> 09/01/2020	Yes No	<i>Example:</i> 10/30/20: Skill/AED Drill completed
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

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