

Practical Evaluation Record

Basic Life Support: CPR and First Aid

(The instructor will retain the answer sheet and Practical Evaluation Record for seven years.)

Student Name _____

Provider Skills Development	Instructor Initials	Student Initials
• Scene Safety Assessment	_____	_____
• Donning and Doffing Gloves	_____	_____
• Initial Assessment	_____	_____
• Recovery Position	_____	_____
• Chest Compressions	_____	_____
• Ventilations	_____	_____
• Full CPR	_____	_____
• Automated External Defibrillator	_____	_____
• Foreign-Body Airway Obstruction	_____	_____
• Shock Management	_____	_____
• Control of External Bleeding	_____	_____
• Applying a Tourniquet	_____	_____
• F-A-S-T Assessment	_____	_____
• Secondary Assessment	_____	_____
• Splinting	_____	_____
• History	_____	_____
• Allergic Reaction or Opioid Overdose	_____	_____

I am comfortable with my skills performance as a Basic Life Support: CPR and First Aid provider.

I have reviewed these skills with the course instructor. Any questions regarding the execution of these skills and the contents of this course have been answered to my satisfaction as indicated by my initials.

Student Signature _____ Date _____