**Sample CPR Training Log**

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| --- | --- | --- | --- | --- | --- |
| **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** |
| **Example:** Judy Smith**(Custodian)** | **Example:****AHA, Red Cross, Project ADAM, etc.** | **Example:****09/01/20** | **Example:****09/01/2020** | ****Yes No | **Example:****10/30/20:** Skill/AED Drill completed |
|  |  |  |  |  Yes No |  |
|  |  |  |  |  Yes No |  |
|  |  |  |  |  Yes No |  |
|  |  |  |  |  Yes No |  |
|  |  |  |  |  Yes No |  |