**Sample CPR 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** |
| **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 |  |