



CPR Checklist

Pass (P) or Needs Remediation (NR)
Please mark one box:

Adult

- | | | |
|---------------------|----------------------------|-----------------------------|
| 1 Rescuer CPR | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| 2 Rescuer CPR | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Responsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Unresponsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |

Child

- | | | |
|---------------------|----------------------------|-----------------------------|
| 1 Rescuer CPR | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| 2 Rescuer CPR | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Responsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Unresponsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |

Infant

- | | | |
|---------------------|----------------------------|-----------------------------|
| 1 Rescuer CPR | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| 2 Rescuer CPR | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Responsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |
| FBAO – Unresponsive | <input type="checkbox"/> P | <input type="checkbox"/> NR |

Student's Name (Printed)

Date

Student's Name (Signed)

Evaluator's Name (Printed)

Date

Evaluator's Name (Signed)