

Senior Services, Inc.

TRAINING RECORD

EMPLOYEE Name:

Employer Name:

Please initial each training requirement as you complete them and sign the bottom of the form when you have all three requirements completed. Then return this document to the Support Coordinator in the self-addressed stamped envelope.

- 1) I have completed the CPR training materials. I feel I could perform CPR in case of an emergency. (Not required if a DNR is in place)
_____ (employee initials)
- 2) I have read the material on bloodborne pathogens and the use of universal precautions. I feel I am well informed about bloodborne pathogens and the use of universal precautions.
_____ (employee initials)
- 3) I have read the First aid reference guide on basic first aide. I feel I could perform basic first aid if needed.
_____ (employee initials)

I attest that all the above information is true and that I have completed all three training requirements.

Signature Date

I have additional training in the following areas/comments: Completion date:
