



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 **Stuart Wilson, CPA, PC**

Initials:

- 1.) I have completed the CPR training materials.
I believe I could perform CPR in case of an emergency. _____

- 2.) I have read the material on blood borne pathogens and the use of
universal precautions. I believe I am well informed about blood borne
pathogens and the use of universal precautions. _____

- 3.) I have read the First aid reference guide on basic first aide.
I believe I can perform basic first aid if needed. _____

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

Signature

Date

I have further training in the following areas:

Completion date: