

LEVEL ONE ESSENTIAL SKILLS AUDIT CHART

INSTRUCTOR: _____ REGISTRY NUMBER: _____ CLASS DATE: _____

INSTRUCTOR SIGNATURE: _____

STUDENT NAME <small>(PRINT CLEARLY)</small>	SETUP & BARRIERS		PRIMARY ASSESSMENT		RESCUE BREATHING		ONE RESCUER CPR		CHOKING MANAGEMENT		CONTROL OF BLEEDING		SHOCK MANAGEMENT		CONTINUING PRIMARY CIRCLE OF CARE		ILLNESS ASSESSMENT		INJURY ASSESSMENT		
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Legend: Excellent SATISFACTORY NEEDS IMPROVEMENT