



Chandler Fire, Health & Medical

CUSD School CPR Certification Roster

School:		
Number of Total Staff:	Number of CPR Certified Staff:	Date:

Does this training complete 10% of staff program training requirement? Yes No

#	Last Name	First Name	Title	Signature (After Training Only)
1				
2				
3				
4				
5				
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21				



Chandler Fire, Health & Medical

CPR Training Roster

#	Last Name	First Name	Title	Signature (After Training Only)
22				
23				
24				
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