

**Tidewater Center for Life Support Training**  
**TRAINING SITE QUARTERLY ACTIVITY REPORT FORM**  
*Due on the 5th of the following months: January, April, July and October.*

Date Submitted: \_\_\_\_\_ Period covered: 1/1 – 3/31    4/1 – 6/30  
 (circle)                      7/1 – 9/30    10/1 – 12/30

Submitted by: \_\_\_\_\_ Training Site: \_\_\_\_\_

# of people who are instructors\* of all levels in your training site: \_\_\_\_\_  
 \*A single instructor may be an instructor in multiple disciplines. Count them only once.

# of BLS HCP Instr: \_\_\_\_\_ (do not count Heartsaver instr) + # of HS Instr: \_\_\_\_\_ (do not count BLS Instructors) +  
 #TCF: \_\_\_\_\_ (do not count as BLS Instr) = **Total number of BLS/HS/TCF Instr with site:** \_\_\_\_\_

# of HS First Aid Instr: \_\_\_\_\_ # of HS FACTS Instr: \_\_\_\_\_ (may also be BLS/HS/TCF - don't include in above total)

# of ACLS Instr: \_\_\_\_\_ + # of ACLS TCF: \_\_\_\_\_ (do not count as instr) = **Total ACLS Instr/TCF with site:** \_\_\_\_\_

# of ACLS EP Instr: \_\_\_\_\_ (may also be ACLS or TCF – don't include in above total)

# of PALS Instr: \_\_\_\_\_ + # of PALS TCF: \_\_\_\_\_ (do not count as instr) = **Total PALS Instr/TCF with site:** \_\_\_\_\_

**Indicate the number trained/retrained during this reporting period.**

Course	# New Students	# Renewal Students	ECC Cards on Hand
CPR in Schools			
Family and Friends			
Heartsaver CPR			
Heartsaver AED			
Heartsaver FACTS			
Heartsaver FA			
Healthcare Provider			
Heartsaver Instructor			
Heartsaver FA Inst			
BLS Instructor			
ACLS Provider			
ACLS Instructor			
ACLS EP			
ACLS EP Instructor			
PALS Provider			
PALS Instructor			

Describe any ECC-related or other community CPR events during quarter: (use back if necessary)