

**Instructor File Audit Checklist
Revised 8/1/12**

Institution/Agency: _____ **Date:** _____

Instructor's Name: _____ **Date of Birth:** _____

Instructor's Certification(s)

	Answers/Comments
Date Range	
Status (indicate A/I)	
On File and Current (Yes/No)	

Type	Check Each Type Held
General	
Driver	
Physical Fitness	
SCAT	
Firearms	
HazMat	
First Responder	
SMI	
Other (indicate type)	

CPR Certification(s)

	Answers/Comments
Date Range	
Status (indicate A/I)	
On File and Current (Yes/No)	

Blocks of Instruction Taught

Date	Block of Instruction and Hours Taught	Location	Evaluator	Instructor Evaluation Yes/No	Student Evaluation (Indicate Yes (Y) or No (N))

Overall Comments:

Inspected By: _____ **Date:** _____