



B-CON Course Instructor's Report



Date of Report: _____

Course Instructor(s): _____

Instructor Phone Number: _____ Email: _____

Trainer(s): _____

Course Details

Course Date: _____

Course Location: _____

- Course Roster Attached
- Course Evaluations Completed and Attached
- B-CON Training Kit returned date: _____
 - Kit replenishment/repair needed? Note in Comments below.
 - Location returned to (circle one):
 - South Central EMS - Mankato
 - Southeast EMS - Rochester
 - Mayo Clinic Trauma Center – Rochester
- Bleeding Control Kits currently on site _____
- Bleeding Control Kit Vendor Resource List Provided

Instructor Comments and Follow-up Notes: _____

FOR ADMINISTRATIVE USE ONLY

Responsible for follow-up: _____

Follow-up Completed Date: _____

Notes: _____

Course Closure Date: _____ By: _____