



American Education Certification Association

Phlebotomy Practical – Log Sheet

Student's Name: _____

Facility Name: _____

Supervisor's Name: _____

1 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
2 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
3 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
4 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
5 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
6 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
7 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
8 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
9 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			
10 . T y p e o f S t i c k		Successful	Unsuccessful	Supervisor Initials Date: / /
Venipuncture	Dermal Puncture			

Total Successful Venipuncture _____ / page

Total Successful Dermal Puncture _____ / page

Check sign in
appropriate boxes



SHEET NUMBER (CIRCLE): 1 2 3 4

MAKE COPIES AS NEEDED