

MWLC EMSS QUARTERLY SKILL RECORD
OROTRACHEAL INTUBATION w/AIRTRAQ & BOOGIE
2026

Name: _____ DEPARTMENT: _____

1ST QUARTER

Date Completed: _____

Proficient Competent Not Competent

Validator Name: _____ Validator Signature: _____

Validator Comments: _____

2ND QUARTER

Date Completed: _____

Proficient Competent Not Competent

Validator Name: _____ Validator Signature: _____

Validator Comments: _____

3rd QUARTER

Date Completed: _____

Proficient Competent Not Competent

Validator Name: _____ Validator Signature: _____

Validator Comments: _____

4th QUARTER

Date Completed: _____

Proficient Competent Not Competent

Validator Name: _____ Validator Signature: _____

Validator Comments: _____