

Fire & Emergency Services Instructor I Skill E – Training Records/Reports

ALL DOCUMENTS MUST BE TYPED

Directions: Using the training topics selected in Skill ‘D’ (Training Schedule), the candidate **MUST prepare a report for each training session** scheduled on the following pages. Each report shall include attendance sheets/records, test records, scheduling and training records, incident/injury reports (if applicable), and a summary of the activities conducted. Per the fire department policy, each member is required to attend 100% of the mandatory training in addition to any other optional training offered. Training records and reports are legal documents and shall be maintained per department policy.

Instructional Session Topic:		Session #	- 001		
Session Date:		Location:			
Start Time:		End Time:		Number of Attendees:	
Method of Delivery:	<input type="checkbox"/> Classroom	<input type="checkbox"/> Practical	<input type="checkbox"/> Self-Directed	Con-Ed Credits:	Yes or No
Instructor(s):					

Narrative (Summary):

Equipment Used:

Instructor: _____ Date: _____

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Instructional Session Topic:		Session #	- 001
Session Date:	Time:	Location:	

Attendance Roster

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
1.						
2.						
3.						
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23.						
24.						
25.						

Instructor: _____ Date: _____ Page ___ of ___

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Instructional Session Topic:					Session #	- 002	
Session Date:			Location:				
Start Time:			End Time:			Number of Attendees:	
Method of Delivery:	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Practical	<input type="checkbox"/>	Self-Directed	
Instructor(s):							
					Con-Ed Credits:	Yes or No	

Narrative (Summary):

Equipment Used:

Instructor: _____

Date: _____

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Instructional Session Topic:		Session #	- 002
Session Date:		Time:	Location:

Attendance Roster

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
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Instructor: _____ Date: _____ Page ___ of ___

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Instructional Session Topic:				Session #	- 003		
Session Date:			Location:				
Start Time:			End Time:			Number of Attendees:	
Method of Delivery:	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Practical	<input type="checkbox"/>	Self-Directed	
Instructor(s):							
					Con-Ed Credits:	Yes or No	

Narrative (Summary):

Equipment Used:

Instructor: _____ Date: _____

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Instructional Session Topic:		Session #	- 003
Session Date:	Time:	Location:	

Attendance Roster

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
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Instructor: _____ Date: _____ Page ___ of ___