

Fire Service Instructor I Skill E – Training Records/Reports

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: _____

Fire Service Instructor I Skill E – Training Records/Reports

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

Attendance Roster:

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
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22.						
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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	Con-Ed Credits:	Yes or No
Instructor(s):								

Narrative (Summary):

Equipment Used:

Instructor: _____

Date: _____

Fire Service Instructor I Skill E – Training Records/Reports

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	Con-Ed Credits:	Yes or No
Instructor(s):								

Narrative (Summary):

Equipment Used:

Instructor: _____

Date: _____

Fire Service Instructor I Skill E – Training Records/Reports

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 ___