

DEKALB CO. FIRE DEPT.

Training Report

Entered by _____

Exhibit 32

Date: _____

Location: _____

Training Type: (check all that apply)

Time: _____ to : _____

- Post Incident Analysis
- Individual/ Regional
- Forcible Entry/Extrication
- Communications
- Physical Fitness
- Safety Related Training
- Medical: EMS/CPR

- Pre-Plan Review/Visit
- Structural Firefighting
- Haz-mat
- Driver (New / Existing)
- Officer Training
- Recruit/Probationary
- Multi-Media (Internet/DVD)

Description: _____

Equipment & Aids Used:

Not Applicable

Pre-Plan Book: (Plans reviewed or updated)

Hydraulic or Cutting Tools: _____

Rope: (Reason for Use)

Handtools: _____

Manuals: (Book, Title, & Chapter)

Length & Hose Used: _____

Turnout Gear: (# of Sets Used)

Amount of Water Flowed: _____ Gallons

Ladder(s): _____ Length & Count

SCBA Count: _____ Spare Cylinders: _____

Other: _____

Cleaned/Refilled _____

Apparatus Used:

Not Applicable

-E58 -E59 -U-60 -E61 -E62 -E63 -E64 -E65 -E66 -E67 -E68 -E69 -Tanker 1 -Brush 1 -R-51 -Marine 1

Damaged Equipment:

Not Applicable

Equipment Placed Back in Ready Position: -Yes -No Time: _____

Lead Instructor Name:

(Print): _____ (Signature): _____

Important: Firefighters that arrive later than 15 minutes from beginning of scheduled training will NOT be permitted to sign in and receive training credit

Printed Name	Unit #	Printed Name	Unit #
1.		36.	
2.		37.	
3.		38.	
4.		39.	
5.		40.	
6.		41.	
7.		42.	
8.		43.	
9.		44.	
10.		45.	
11.		46.	
12.		47.	
13.		48.	
14.		49.	
15.		50.	
16.		51.	
17.		52.	
18.		53.	
19.		54.	
20.		55.	
21.		56.	
22.		57.	
23.		58.	
24.		59.	
25.		60.	
26.		61.	
27.		62.	
28.		63.	
29.		64.	
30.		65.	
31.		66.	
32.		67.	
33.		68.	
34.		69.	
35.		70.	