

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

-E57 -E58 -E59 -U-60 -E61 -E62 -E63 -E64 -E65 -E66 -E67 -E68 -E69 -T1 -T2 -B1 -B2 -R-51 -Marine 1 -Marine 2 -Rehab 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.		
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27.			62.		
28.			63.		
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30.			65.		
31.			66.		
32.			67.		
33.			68.		
34.			69.		
35.			70.		