



Probationary Firefighter Orientation Program

Mission Statement:

It is our mission to responsibly protect life and property in our community. This broad mission is accomplished by providing the highest levels of emergency medical services, fire prevention and fire suppression. We do this through a highly trained and well equipped emergency response system. We take pride in our department and ourselves, knowing that after the job is complete, we have done our best.

Name Here

ID # Here

Have this manual with you at all times when on duty.

WELCOME

Congratulations and welcome to the City of Kissimmee Fire Department. We are excited to have you join our team. Over the course of the next year, we will require much of you to become familiar and proficient of how we operate. First and foremost, remember that firefighting is a dangerous profession. To reduce your potential for injury and death from these dangers; we will provide training for you to become proficient in many different areas related to our service delivery. We only choose the best-of-the-best to wear our patch. To remain a member of our elite team, you will be required to prove you are serious about being part of this fine organization. Not everyone is successful in meeting this challenge. You will be evaluated on your progress and initiative over the coming months to complete the requirements listed within this manual. Much of the training will be self-paced and you alone will be responsible for completing the requirements. Are you ready for this challenge? Again, welcome aboard; let's begin!

The very first professional fire department dates back to the times of ancient Rome. Benjamin Franklin organized the first Volunteer Fire Department here in the United States in Philadelphia, more than two hundred years ago. You may be surprised to know that Kissimmee has been around for quite some time. The City of Kissimmee was incorporated in 1883 and the Fire Department formed in 1909. As the City has grown, so have the dangers. We cannot stress enough how important it will be for you to educate yourself to these dangers inherent in the activities you will face. Training will be made available to you; it is your responsibility to attend training sessions and any other training that pertains to the responsibility that you have taken on. It is your responsibility to protect the lives and property of the citizens, which you serve. It is also your responsibility, indeed your duty, to protect the lives of your fellow firefighters and refrain from any activity or omission that would cause them harm. You have taken an oath, as a sworn member of the Kissimmee Fire Department, to the Constitution of the State of Florida and the Constitution of the United States. We expect you to act in a manner consistent with your oath and to uphold the highest respect for the people of this community and always represent them and yourself in a professional manner. You should not compromise the safety of others or endanger yourself unnecessarily. You will follow the guidelines set forth in the City of Kissimmee Rules and Regulations, KFD Standard Operating Guidelines and orders from my superiors. It is your responsibility to document your training and obtain the required signatures. If this document is lost, stolen or otherwise destroyed before it is complete, you will be required to begin again.

I _____;
have read, understood and agree to the statement above.

Signature _____ Date _____

Witness _____ Date _____



Kissimmee Fire Stations

Fire Administration

101 Church St, Suite 200, Kissimmee FL 34741 – 407-518-2222

- Fire Chiefs Office
- Fire Admin Division
- Health & Safety Division
- Fire Prevention Bureau
- Fire Training Bureau

Fire Station #11

343 N. Clyde Ave, Kissimmee FL 34741 – 407-518-2223

- Battalion 1
- HSO 1
- Engine 11
- Rescue 11
- Heavy Rescue 1
- Logistics Division

Fire Station #12

1403 Denn John Lane, Kissimmee FL 34743 – 407-518-2512

- Engine 12
- Rescue 12
- Brush 12

Fire Station #13

1801 N. Hoagland Ave, Kissimmee FL 34741 – 407-518-2513

- Ladder 13
- Rescue 13
- Brush 13

Fire Station #14

1101 Regatta Bay Blvd, Kissimmee FL 34741 – 407-943-7802

- Engine 14
- Rescue 14
- Brush Tanker 14

Kissimmee Emergency Dispatch: 911

Kissimmee Non-Emergency Dispatch: (407) 846-3333

Services Provided: Fire Suppression, Rescue, Fire Prevention (including Inspections and Public Fire Education), (ALS) Advanced Life Support Transport Emergency Medical Services, Vehicle and Machinery Rescue (Extrication), Hazardous Material Incident Response, Confined Space Rescue, Technical Rope Rescue, Trench and Excavation Rescue, Structural Building Collapse Response, and Search & Rescue Operations. Our department has an active EMS Bikes team as well as and Honor Guard Team.

During your probationary period, document commercial business locations you have visited related to pre-fire planning or as directed by your company office. Log each business below. While at the businesses note the location of all fire protection features. This includes entrances and exits, fire alarm panels, FDC's, windows etc. You are required to visit business locations within the next year.

Primary Response Area

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Date:
Business Name:
Address:

Probation Firefighter Signoff Sheet Summary

New Employee Name: _____.

Signatures are required from both the new employee and the evaluator for each session to be considered complete. DO NOT sign a session that you feel was not adequately covered or completed satisfactorily. IN NO WAY does a signature represent a legal responsibility or obligation of any kind. When a signature is missing from either column, it simply identifies that a training deficiency has occurred during the specific session and additional training is requested or required.

<u>SESSION:</u>	<u>DATE:</u>	<u>EMPLOYEE SIGNATURE:</u>	<u>EVALUATOR SIGNATURE:</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.	N/A	N/A	N/A
22.			
23.			
24.			
25.			
26.			
27.			

Probation Firefighter Signoff Sheet Summary

<u>SESSION:</u>	<u>DATE:</u>	<u>EMPLOYEE SIGNATURE:</u>	<u>EVALUATOR SIGNATURE:</u>
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			

Session 1: Standard Operating Guidelines

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 2: Kissimmee Fire Department Organizational Structure

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 3: Online Classes

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I understand I must complete all of the online courses listed below to have completed the requirements of this training session and I have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

- ICS-200 (*Target Solutions Assignment*)
- ICS-800 (*Target Solutions Assignment*)
- Blood Borne Pathogens: (*Target Solutions Assignment*)
- Emergency Response to Terrorism: (*Target Solutions Assignment*)
- Haz-Mat Awareness: (*Target Solutions Assignment*)
- Radiation Safety: (*Target Solutions Assignment*)
- WMD Radiological/Nuclear Awareness Course, Web-Based
<http://campus.emrtc.nmt.edu/campus/>
 - Officer Initials & Date:: _____ & _____
- Engine Company Decontamination: <https://www.florida-elearning.com/index.htm>
 - Officer Initials & Date:: _____ & _____
- Haz-Mat Spill Prevention & Control: (*Target Solutions Assignment*)
- NFPA Haz-Mat Transport: (*Target Solutions Assignment*)
- NFPA 1500 Right to Know: Hazard Communication:

- Structural Collapse Awareness: <http://www.florida-elearning.com/>
 - *Officer Initials & Date::* _____ & _____
- Florida Field Operations Guide (Under Structural Collapse): <http://www.florida-elearning.com/>
 - *Officer Initials & Date::* _____ & _____
- Fire Extinguisher Safety: (*Target Solutions Assignment*)
- Basic Wildland Firefighter Training S-130: (issued Fire in the Field CD)
 - *Officer Initials & Date::* _____ & _____
- Introduction to Wildland Fire Behavior S-190: (issued Fire in the Field CD)
 - *Officer Initials & Date::* _____ & _____
- Crowd Manager E-Course: <http://www.firemarshal.state.md.us/crowdmanager>
 - *Officer Initials & Date::* _____ & _____
- Smoke Detector Information (**WATCH ALL 3 VIDEOS**)
<http://barrecityfire.org/SmokeVideoPageMEDIAPLAYER.html>
 - *Officer Initials & Date::* _____ & _____
- Safe Haven for New Borns: <http://www.asafehavenfornewborns.org/sh/login.asp>
 Go directly to the login screen for the training at and click on "Click here if you are a new user". They will then need to enter the password 120799fe to create an account and take the class. We can probably make it easier by replacing the home page web link with the one that goes directly to the training login page.
 - *Officer Initials & Date::* _____ & _____

Keep any printed certificate within this manual. Have the Company Officer initial and date each session as it is successfully completed and certificate printed.

Evaluator's Comments:

Session 4: Safety & Health Issues

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 5: Injury Reporting and Procedures

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 6: Map Reading

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 7: Station Location Visits

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ . ID #: _____.

Date Completed: _____ . Shift On Duty: _____

Evaluator's Comments:

Session 8: Radio Procedures

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 9: Dispatch Site Visit

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 10: Computer Menu & Functions

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 11: Department Forms

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 12: Geographical Familiarization

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 13: Ropes & Knots

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 14: TeleStaff Scheduling Software

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 15: Report Writing Software

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 16: Fire Behavior

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 17: Fire Conditions and Danger Recognition

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 18: Personal Protective Equipment

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Set that have been performed successfully:

- _____ PPE Donning

Verification Initials Completed _____ ID# _____ Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 19: Protective Breathing Apparatus

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Sets that have been performed successfully:

- **SCBA Inspection:**
Verification Initials _____. ID# _____. Date: _____.
- **SCBA Donning – Over Head:**
Verification Initials _____. ID# _____. Date: _____.
- **SCBA Donning – Seat:**
Verification Initials _____. ID# _____. Date: _____.
- **SCBA Cylinder Replacement:**
Verification Initials _____. ID# _____. Date: _____.
- **SCBA Cleaning & Sanitizing:**
Verification Initials _____. ID# _____. Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 20: Refilling Air Cylinders

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 21: Quick Water Rescue Program

THIS IS A FUTURE PROGRAM AND IS NOT OPERATIONAL AT THIS TIME.

Probation Firefighter Signoff Sheet

Session 22: Fire Prevention Division & Ride Time with Inspector

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 23: Command Spanish

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 24: Auto Extrication

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 25: Portable Fire Extinguishers

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 26: Incident Command System & Passport Accountability

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 27: Exterior Station Cleaning

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 28: Apparatus Bay Cleaning

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 29: Apparatus Equipment Checks

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 30: Apparatus Maintenance

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 31: Engine Company Operations

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 32: Fire Hose (Sizes, Use, Loads, Care & Storage)

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 33: Hydrant Connection Evolution with 5" Supply Hose

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

- **5-inch "Forward Lay":**

Verification Initials _____. ID# _____. Date: _____.

- **5-inch "Reverse Lay":**

Verification Initials _____. ID# _____. Date: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____. Shift On Duty: _____

Evaluator's Comments:

Session 34: Standpipe(s) Sprinkler Connections

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 35: Fire Attack Offensive using 1.75 & 2.50 Hose

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 36: Fire Attack Defensive using 1.75 & 2.50 Hose

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 37: Foam & Scottie Jug Fire Streams

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 38: Brush Fire Operations

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 39: Heavy Rescue Company Operations

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 40: Truck Company Operations

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 41: Structure Fire Search & Rescue

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 42: Ground Ladder Raises using 1 & 2 Firefighters

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Sets that have been performed successfully:

- **One-firefighter low shoulder carry.** (From ground & apparatus).
Verification Initials _____. ID# _____. Date: _____.
- **Two-firefighter low shoulder carry.** (Ground & apparatus).
Verification Initials _____. ID# _____. Date: _____.
- **One-firefighter high shoulder carry.** (Ground and apparatus).
Verification Initials _____. ID# _____. Date: _____.
- **Place roof ladder to existing ladder for placement on a roof.**
Verification Initials _____. ID# _____. Date: _____.
- **Have new employee place ladder for roof access.**
Verification Initials _____. ID# _____. Date: _____.
- **Have new employee place ladder for Rescue from a window.**
Verification Initials _____. ID# _____. Date: _____.
- **Place ladder for ventilating a window.**
Verification Initials _____. ID# _____. Date: _____.

- **Place ladder for a fire stream into a window opening.**

Verification Initials _____. ID# _____. Date: _____.

- **One-firefighter single ladder raise.**

Verification Initials _____. ID# _____. Date: _____.

- **One-fire fighter Extension ladder raise (either high or low shoulder method)**

Verification Initials _____. ID# _____. Date: _____.

- **Two-firefighter Extension ladder flat raise.**

Verification Initials _____. ID# _____. Date: _____.

- **Two-firefighter Extension ladder beam raise.**

Verification Initials _____. ID# _____. Date: _____.

- **Proper leg-lock to work from ladder.**

Verification Initials _____. ID# _____. Date: _____.

- **Proper heeling of the ladder.**

Verification Initials _____. ID# _____. Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 43: Ground Ladder Raises using 3 & 4 Firefighters

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Sets that have been performed successfully:

- **Three-firefighter low shoulder carry** (Ground and apparatus).

Verification Initials _____. ID# _____. Date: _____.

- **Three-firefighter arm's length carry** (Ground and apparatus).

Verification Initials _____. ID# _____. Date: _____.

- **Four-firefighter carries Flat shoulder method:**

Verification Initials _____. ID# _____. Date: _____.

- **Four-firefighter carries Flat arm's length**

Verification Initials _____. ID# _____. Date: _____.

- **Four-firefighter carries Low shoulder method**

Verification Initials _____. ID# _____. Date: _____.

- **Four-firefighter carries Arm's length on beam method.**

Verification Initials _____. ID# _____. Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 44: Ground Ladder Victim Rescue

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 45: Ground Ladder with Hose Evolution

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 46: Ventilation Techniques

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ . ID #: _____.

Date Completed: _____ . Shift On Duty: _____

Evaluator's Comments:

Session 47: Forcible Entry

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Sets that have been performed successfully:

- **Forcing Inward Opening Door:**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Forcing Outward Opening Door:**

Verification Initials Completed _____. ID# _____. Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 48: Truck Company Ride Time

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 49: Engine Company Ride Time

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 50: Heavy Rescue Company Ride Time

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 51: Rescue Driver Training

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 52: Body Substance Isolation & Infection Control

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 53: Basic Pump Operation

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

- **Engine-11**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Engine-12**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Engine-14**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Ladder-13**

Verification Initials Completed _____. ID# _____. Date: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 54: Rapid Intervention Team

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 55: Emergency Medical Care & Equipment

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Sets that have been performed successfully:

- **Vital Sign Assessment:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Stretcher Operation:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Lifepak 15:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Lifepak 12:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **C-Collar/Immobilization Device:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Backboard and Spider Strap:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Simple Splints (Long Bone Fracture):**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Traction Splint (Long Bone Fracture):**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Oxygen Administration:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Patient Removal:**

Verification Initials Completed _____ ID# _____ Date: _____.

- **Airway Adjuncts:**

- Verification Initials Completed _____. ID# _____. Date: _____.
- **Stair Chair:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Scoop Stretcher:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Pediatric Immobilizer:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Pediatric Bag:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **IV Fluids and Setups:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Suction Unit:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Stroke Alert Criteria**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Cardiac Alert Criteria:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Trauma Alert Criteria:**
Verification Initials Completed _____. ID# _____. Date: _____.
- **Cardiac Arrest Procedures:**
Verification Initials Completed _____. ID# _____. Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 56: Power Tools & Equipment

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Instructor is to Initial the following Skill Sets that have been performed successfully:

- **Chain Saw**

Verification Initials Completed _____. ID# _____. Date: _____.

- **K-12 Saw**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Electrical Generator**

Verification Initials Completed _____. ID# _____. Date: _____.

- **PPV Fan**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Reciprocating Saw**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Lighting Equipment**

Verification Initials Completed _____. ID# _____. Date: _____.

- **Hydraulic Power Unit**

Verification Initials Completed _____. ID# _____. Date: _____.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ . ID #: _____.

Date Completed: _____ . Shift On Duty: _____

Evaluator's Comments:

Session 57: Thermal Imaging Camera

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments:

Session 58: Gas Monitoring equipment

Probation Firefighter Signoff Sheet

Employee Name: _____.

Fire Department ID # _____.

Signatures are required of both the new employee and the evaluator for each session to be considered complete. DO NOT sign a training session that you feel was not adequately covered or completed satisfactorily. When a signature is missing from either column, it will identify that additional training is needed on the subject. The signature IN NO WAY represents legal responsibility or obligation, it simply identifies a training deficiency has occurred during the specific session and additional training is requested or required.

Employee

I have completed the requirements of this training session and have had the opportunity to ask questions and feel I understand the content that was presented:

Employee Signature: _____.

Evaluator

The employee has participated and successfully completed the requirements of this training session.

Verification Signature: _____ ID #: _____.

Date Completed: _____ Shift On Duty: _____

Evaluator's Comments: