BCFPD TRAINING ROSTER

Date:_____ **Start Time:**_____

End Time:_____

Station # _____

Category: <u>F-01-10</u> Class Title: <u>Apparatus Familiarization</u> Hours___

Instructors (Please Print)**:**

#1. _____ **ID** _____ **#2.** _____ **ID** _____

Training Type: **X Fire**   ☐ **Medical**   ☐ **Rescue**   ☐ **Other**

Method of Instruction:

☐ Classroom Drill   ☐ Self-Study   ☐ Lecture   ☐ Lecture & Practical   **X Practical**

BCFPD Categories		**ISO Categories**		**EMS Categories**
Station Drill - Fire	☐	**Night Drill**	**X**	Module_____
Station Drill - EMS	☐	Multi Company Drill	☐	Other _____
Apparatus Familiarization X		**Single Company Drill X**		
		Company Training X		

ATTENDANCE RECORD

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