BCFPD TRAINING ROSTER

Date:_____ Start Time:_____

End Time:_____

Station # _____

Category: A-01-02 **Class Title: Station Staff Meeting** **Hours___**

Instructors (Please Print)**:**

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

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

Method of Instruction:

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

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

ATTENDANCE RECORD

1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	