Comanche Volunteer Fire Department

Probationary Firefighter Check Off

Name:_____ Start Date: _____

Company:_____ Company Officer:_____

Wildland	Check	Date	Sign Off
PPE			
Shelter Deployment			
Wildland Engine, Equipment and Firefighter Operations			

Type 1 Engine Operations	Check	Date	Sign Off
PPE			
Vent Fan Operation			
Equipment familiarization and location			
Hydrant			
SCBA Operation			

Rescue	Check	Date	Sign Off
Equipment familiarization and location			

Required Certificates	Sign Off (TC)
NIMS 100	
NIMS 200	
NIMS 700	
NIMS 800	
Courage to be Safe	
Traffic Safety Course	

Comanche Volunteer Fire Department

Probationary Firefighter Check Off

	Made	Total	%
Calls			
Business Meetings			
Training Meetings			
6th Month Meeting:			
Completion Date:			
Intro Enroll Date:			

Notes:

Company Officer:_____ Date: _____

Training Captain: _____ Date: _____