Clark County FIRE & RESCUE

TRAINING ROSTER
Form No. 522.44.01

Date Filed:

____ /___ /____

Date: _____ **Shift:** _ **Start Time:** _____ **End Time**_____

Category: _____ **Class Description:** _____

Location: _____ **Agency Providing Training:**_____

Instructor(s): _____

Training Type: ☐ Fire ☐ Medical ☐ Rescue ☐ Other:_____ **Attendance Required?**_

Method of Instruction: ☐ CD ☐ VIDEO ☐ Class & Manipulative ☐ Classroom ☐ Manipulative

☐ Seminar ☐ WA FA ☐ NFA ☐ Skill Eval ☐ TV ☐ Other:_____

Hydrant Water Usage: _____ gals

Name (please print)	**ID**	**Off Duty?**	**Name** (please print)	**ID**	**Off Duty?**
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example (FF "Z" is not on duty)	**0000**	☒			☐

Updated 07/25/2008