

(A4) TRAINING CENTER USAGE REPORT

Date: _____ Time: Start _____ am / pm Stop _____ am / pm

Fire Department/Agency _____ FDID _____

Type of Training (Topic) _____

Lead Instructor _____

Safety Officer(s) _____

Pre-use Inspection Status: _____

BUILDINGS / PROPS USED

Tower: Floors _____	Fire Ops Bldg: Area _____	Taxpayer Bldg <input type="checkbox"/>	Mask Confidence <input type="checkbox"/>
Mask Confidence Trailers	Survival Bldg	Confined Space Props	
LP Xmas tree	LP Pad mounted tank	LP Vehicle Simulator	
Auto Pad #1 (west)	Classroom	Hydrant: Tower <input type="checkbox"/> Fire Ops <input type="checkbox"/>	
Auto Pad #2 (east)	Roof Simulator	F/E prop	
Standpipe System: Fire Ops <input type="checkbox"/> Tower <input type="checkbox"/>			

Equipment / Supplies Used:

Describe- Operation: Problems:	Compressor <input type="checkbox"/>	Scott Revolve Air <input type="checkbox"/> ?????? <input type="checkbox"/>
Air Storage	Starting Level:	Ending Level:
LP tank	Starting Level:	Ending Level:
Class A Fuel	# Bales of Hay:	# of pallets:
Medical Supplies:		
Other:		

Post use Inspection Status: _____

Any damage incurred during training session? Yes () No ()

If Yes; please detail damage on back of report

Any injuries incurred during training session? Yes () No ()

If Yes; an Injury/Accident report MUST be completed and submitted to the Senior Dispatcher/Supervisor

NOTES:
