



CLAY COUNTY FIRE RESCUE MONTHLY TRAINING RECORD

Month/Year _____ Station: _____

Lieutenant: _____ Shift: _____ (V-volunteer, D- Dispatch, S- Shift)

ACTIVITY CODE			
(1) TYPE	(2) LOCATION	(3) TIME	(4) ATTENDANCE
C-CLASS	S-STATION	M- MORNING	O- ONE STATION
D-DRILL	D-IN DISTRICT*	A- AFTERNOON	M- MULTI STATION
V-VIDEO	O-OTHER*	E- EVENING	P- PARTIAL CREW
O-OTHER*	(any code with * requires explanation in remarks section)		O- OTHER*

Date: _____	Subject Code: _____	Activity Code: (1) (2) (3) (4)	Signature: _____ Personnel Present
Duration: _____ Hr _____ Min			
REMARKS: _____ _____ _____			

Date: _____	Subject Code: _____	Activity Code: (1) (2) (3) (4)	Signature: _____ Personnel Present
Duration: _____ Hr _____ Min			
REMARKS: _____ _____ _____			

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REMARKS: _____ _____ _____			