



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



TRAINING CENTER ACTIVITIES REPORT

Date: _____ Time In: _____ Time Out: _____

Department Name: _____ Officer in Charge: _____

Evolution's Used

Burn Building:

Did you lock, secure? _____
Did you sweep it out and wash it down? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Mask Confidence:

Did you lock, secure and turn off lights? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Training Tower:

Locked and secured? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Flashover:

Locked and secured? _____
How many pallets did you use? _____ How many left? _____
How many particle boards were used? _____ How many left? _____
How many evolutions did you do? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

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Propane:

Locked and secured? _____

Percent of propane at start _____ % When finished _____ %

How many evolutions did you do? _____

Did you notice anything that needs repairing? _____

If yes, please list: _____

Drafting:

Did you recap the dry hydrant? _____

Did you notice anything that needs repairing? _____

If yes, please list: _____

Confined Space:

Did you Lock and Secure? _____

What equipment was used: _____

Did you notice anything that needs repairing?

If yes, please list: _____

Portable Pump

Did you drain the Pump? _____

Did you lock, Secure and? _____

Did you notice anything that need repairing? _____

If yes, please list: _____

Air Compressor

Did you lock, Secure and Turn off Lights? _____

Did you notice anything that needs repairing? _____

If yes, please list: _____



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



Robert McMahon
Commissioner

Adam B. Stiebeling
Deputy Commissioner

Thomas C. Lannon, Sr., Director
Emergency Management

Robert Cuomo, Director
Emergency Medical Services

Roof Simulator

How many Particle Boards were used? _____

How many left?

Did you notice anything that needs repairing? _____

If yes, please list:

Smoke Machine

Amount of Fluid used _____

Air Start _____ Air Finish _____

Problems with Smoke Machine _____

Any additional comments or complaints:

*****THIS must BE FILLED OUT AND RETURNED TO FIRE TRAINING CENTER IMMEDIATELY
FOLLOWING USE OF TRAINING FACILITY*****