

Virginia Department of Fire Programs

Personal Protective Equipment and Training Accountability Form

Location: _____ Date: _____ School No.: _____

Individual Name: _____ Department: _____

PERSONNEL/TURNOUT GEAR INSPECTION:

Coat: _____ Pants: _____ Helmet: _____ Boots: _____

Gloves: _____ Hood: _____ SCBA: _____ Pass: _____

Accountability: _____ Problems with Personnel/Gear: _____

TRAINING LEVEL: The above named individual meets the following training Job Performance Requirements (JPR). These NFPA 1001 JPR subjects are listed in the appendix of NFPA 1403.

IFSTA

- Safety
- Fire Behavior
- Portable Extinguishers
- Personal Protective Equipment
- Ladders
- Fire Hose, Appliances, and Streams
- Overhaul
- Water Supply
- Ventilation
- Forcible Entry
- Building Construction

Jones and Bartlett

- Firefighter Safety
- Fire Behavior
- Portable Extinguishers
- Firefighter Personal Protective Equipment
- Ladders
- Fire Suppression, Fire Attack and Foam
- Salvage and Overhaul
- Water Supply
- Ventilation
- Forcible Entry
- Building Construction

I _____ certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.

Signature: _____ /_____/_____
(Legible Signature) (Date)

I _____ certify that _____ has received the above training prior to entry into the Live Fire Training being offered, I also certify the above information is true.

Signature of Department Official/Designee:

Print Name: _____ Signature: _____ Title: _____ Date: ____/____/____

Signature of Lead Instructor:

Print Name: _____ Signature: _____ Title: _____ Date: ____/____/____

Signature of Safety Officer:

Print Name: _____ Signature: _____ Title: _____ Date: ____/____/____