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       Jones and Bartlett

Safety       Firefighter Safety
Fire Behavior       Fire Behavior
Portable Extinguishers       Portable Extinguishers
Personal Protective Equipment       Firefighter Personal Protective Equipment
Ladders
Fire Hose, Appliances, and Streams       Fire Suppression, Fire Attack and Foam
Overhaul       Salvage and Overhaul
Water Supply       Water Supply
Ventilation       Ventilation
Forcible Entry       Forcible Entry
Building Construction       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: __/__/____