

TROY FIRE DEPARTMENT
ITEMS TO COMPLETE BEFORE PROBATION ENDS

Firefighter: _____ Station No.: _____ Date of Hire: _____

Assigned Lt: _____ Completion Date: _____

REQUIRED CERTIFICATES & QUALIFICATIONS.:	Copy of Document	Lt.'s Initials	Date Initialed	Captain's Initials	Date Capt. Initialed	Sta. Chief Initials	Date A/C Initialed
FIREFIGHTER I / II							
HAZ. MAT. – AWARENESS							
HAZ. MAT. – OPERATIONS							
SCBA FIT TEST	NO CERT.						
SCBA DONNING DRILL							
CLASSROOM: P.A. 300							
DRIVING RODEO	NO CERT.						
CASCADE SYSTEM OPERATION	NO CERT.						
ADDRESS BREAKS (TRNG MATERIAL LIBRARY)	NO CERT.						
CLEAR ENGINE	NO CERT.						
CLEAR LADDER	NO CERT.						
CLEAR OTHER: _____	NO CERT.						
CLEAR OTHER: _____	NO CERT.						
DEPT. E.V.O.C. (CREST)	NO CERT.	N/A	N/A	N/A	N/A		
APPROVED FOR EMERGENCY RESPONSE IN POV	NO CERT.	N/A	N/A	N/A	N/A		

I hereby affirm and attest that the above information, as provided to me, is true and correct.

Firefighter

Date

Station Assistant Chief

Date

NOTE: When form is complete, send the original to Sta. 8. A copy can be maintained at the fire station.