

TROY FIRE DEPARTMENT  
ITEMS TO COMPLETE FOR PROBATION

Firefighter: \_\_\_\_\_ Badge No.: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Assigned Lt: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

REQUIRED CERTIFICATES & QUALIFICATIONS.:	Copy of Document	Lt.'s Initials	Date Initialed	Captain's Initials	Date Capt. Initialed
PROB. HANDBOOK REVIEW	NO CERTIFICATE				
PPE REVIEW and INSPECTION					
SCBA FIT TEST	NO CERTIFICATE				
SCBA DONNING DRILL					
*FIREFIGHTER I / II	CERTIFICATE ONLINE				
*HAZ. MAT. – AWARENESS	CERTIFICATE ONLINE				
*HAZ. MAT. – OPERATIONS	CERTIFICATE ONLINE				
*CLASSROOM: P.A. 300	CERTIFICATE ONLINE				
OPERATE CASCADE SYSTEM	NO CERTIFICATE				
ADDRESS BREAKS <i>(TRAINING MATERIAL LIBRARY)</i>	NO CERTIFICATE				
CLEAR ENGINE <i>(Apparatus Skill Evaluation Forms)</i>	Driver & Operator				
CLEAR LADDER <i>(Apparatus Skill Evaluation Forms)</i>	Driver & Operator				
CLEAR OTHER: _____ <i>(Apparatus Skill Evaluation Forms)</i>	Driver & Operator				
CLEAR OTHER: _____ <i>(Apparatus Skill Evaluation Forms)</i>	Driver & Operator				
DRIVING RODEO					
DEPT. E.V.O.C. (CREST)	NO CERTIFICATE				

\* = Certificate is available to the student online in the SMOKE Records Mgt. System from MFFTC

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

_____	_____
Firefighter	Date
_____	_____
Station Assistant Chief	Date
_____	_____
Assistant Fire Chief	Date