TROY FIRE DEPARTMENT

DRIVER TRAINING RECORD – PROBATIONARY MEMBER

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

Assigned Lt: _____ Expected Completion Date: _____

Vehicle: _____

DATE	INSTR. BADGE#	INSTRUCTOR NAME (PRINT)	INSTRUCTOR SIGNATURE	DRIVE (Hours)	OPERATE (Hours)

(START NEW SHEET AS NEEDED)

_____ _____

Firefighter Date

_____ _____

Station Assistant Chief Date

*(**NOTE:** 10 HOURS **MINIMUM** OF DRIVE and OPERATION TIME, PER APPARATUS)*

Send form to Administrative Office when member has cleared vehicle, at end of the quarter, or when this sheet is full. Training hours will be applied at that time.