TROY FIRE DEPARTMENT
ITEMS TO COMPLETE FOR PROBATION

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

Assigned Lt: _____ **Completion Date:** _____

MONTHLY REVIEWS	Lt. Initials and Date	Capt. Initials And Date	Sta. Asst. Chf Init. & Date	Date To Station 8
MONTH 01				
MONTH 02				
MONTH 03				
MONTH 04				
MONTH 05				
MONTH 06				
MONTH 07				
MONTH 08				
MONTH 09				
MONTH 10				
MONTH 11				
MONTH 12				

(***NOTE:*** *Attach additional sheet if probation is longer than 18 months)*