Training Code

___-____
Admin Only

Prince George Fire and EMS
Department Training Record

Company: □ 1 □ 2 □ 3 □ 4 □ 5 □ 7 □ 8

Location of Training: _____ Date___/___/____

Topic: _____ Hours____

Method: □ Lecture □ Hands-on □ Both □ Other (Specify)

Other: _____

Instructor(s): _____

_____

Print Name	Signature	**Personnel ID**