



# ***ST. TAMMANY FIRE PROTECTION DISTRICT NO. 11***

***Johnny Leos, Fire Chief***

P.O. Box 1210  
Pearl River, LA 70452  
Phone: 985.863.3132  
Fax: 985.863.1834  
www.stfpd11.org

## **TRAINING ATTENDANCE ROSTER**

Subject: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor / Instructor: \_\_\_\_\_

***Print Name & Employee ID Number***

- |           |           |
|-----------|-----------|
| 1. _____  | 16. _____ |
| 2. _____  | 17. _____ |
| 3. _____  | 18. _____ |
| 4. _____  | 19. _____ |
| 5. _____  | 20. _____ |
| 6. _____  | 21. _____ |
| 7. _____  | 22. _____ |
| 8. _____  | 23. _____ |
| 9. _____  | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

|  |
|--|
| <b>Signature of Instructors:</b> _____ |
| _____                                  |
| _____                                  |



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**Subject:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Supervisor / Instructor:** \_\_\_\_\_

**Category A** (check all that apply)

- Single Company
- Multi – Company
- Night

**Category B** (check one that applies to subject matter)

- Officer                       Driver                       **New Driver**
- HAZMAT                       Recruit                       **Company**

Any selection other than **New Driver** or **Company** must be justified below

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Entered in to Firehouse by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Entered as:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Description of Training Conducted – Include description of reference materials used)**

**Training Props Utilized**

**Once form is completed, place in Training Folder.**

**Fire Chief:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Training Officer:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_