

ST TAMMANY FIRE DISTRICT 11

Location: _____ Date: _____ Emp #: _____

LIVE BURN ACCOUNTABILITY

Name: _____ Department: _____

Emergency Contact: _____

Allergies: _____

All known Medical Problems (past and current): _____

NOTE: REMEMBER TO KEEP CREWS WELL HYDRATED DURING ALL TRAINING ACTIVITIES

Vital Signs:	B/P	Resp	Pulse	Temp	Skin
Base line					
Post Entry #1					
Post Entry #2					
Post Entry #3					
Post Entry #4					

PERSONNEL/TURNOUT GEAR INSPECTION:

Coat: _____ Pants: _____ Helmet: _____ Boots: _____ Gloves: _____

Hood: _____ SCBA: _____ Pass: _____ Accountability Tag: _____

Problems with Personnel/Gear: _____

TRAINING LEVEL: The above named individual meets the following training Job Performance Requirements (JPR) These NFPA 1001 JPR subjects are listed in the appendix of NFPA 1403

Safety Fire Behavior Portable Extinguisher Personal Protective Equipment Ladders
Fire Hose, Appliances, and Ventilation Water Supply Forcible Entry Overhaul

I _____ certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.

Signature (legible): _____ Date: _____

I _____ certify that _____ has received the above training prior to entry into the Live Fire Training being offered. I also certify the above information is true.

Signature of Dept. Official: _____ **Title:** _____ **Date:** _____

Signature of Lead Instructor: _____ **Date:** _____

Signature of Safety Officer: _____ **Date:** _____