

# Georgetown City Fire Department

## Individual or Group Training Report

<b>Date:</b>	<b>Time:</b>
<b>Location:</b>	
<b>Subject:</b>	

Single Company	<input type="checkbox"/>
Multiple Company	<input type="checkbox"/>
Company Officer	<input type="checkbox"/>
Night Drill	<input type="checkbox"/>

Classroom	<input type="checkbox"/>
Practical	<input type="checkbox"/>
Video	<input type="checkbox"/>
Interactive	<input type="checkbox"/>

<b>Instructor:</b>	<b>Reference Material:</b>
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Employee Number	Employee Signature
1	
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7	
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Employee Number	Employee Signature
11	
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**Describe the training and list objectives**

- Posted in Computer
- Quality Control Checked
- Scanned and Filed

<b>Signature of Approving Officer:</b>
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<b>Signature of Approving Officer:</b>
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<b>Signature of Approving Officer:</b>
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