

Fire Service Instructor I

Skill E – Training Records/Reports

Skill Station Information:

Using the topics selected in Station D, the candidate completes the training records / report forms and activity reports (one-page minimum per session), which describes in summary the training conducted, the time allocated, the attendees, and any pre-activity requirements fulfilled. Please note: The report is a summary of activities **after a training session occurred**. Therefore, comments must be in past tense (e.g., *The TIC training **was** held at Station 5 with 10 personnel completing all activities required. Instructor McBride **conducted** the training on Monday, February 1 starting at 6:30 PM and **concluded** at 8:30 PM. He **spent** one hour reviewing the content and one hour having the participants practice using the TIC).*

Training reports are official accounts of a training event completed. Reports narrate the actions/instruction/skills reviewed and completed, and any issues or concerns that arise from the training session. Each report **MUST** be written in the past tense. Any report not written in past tense shall be marked FAIL.

A complete report **MUST** include all formatted data fields indicated in the form (e.g., topic, start/stop times, delivery method, etc.) and a detailed account of the training activity and equipment used. A detailed narrative should include the who what, when, where, and why, in addition to a list of all equipment, props, or instructional aids used. The reports shall describe the actions taken or activities completed during training, challenges experienced in the instructional delivery, underperformance issues, course management issues/concerns (if any), and the process to correct underperformance issues experienced.

NOTE: Any narrative that is generalized without detail is an automatic failure. For example, a report that simply states that “*participants sat through a lecture on how to perform CPR and then practiced the techniques on a mannequin*” is incomplete. The narrative should include the key topics introduced in a CPR program (e.g., adult, child, and infant CPR techniques, airway obstruction recognition and relief techniques, etc.), how the demonstration was done (e.g., one or more instructors, demonstration only, guided demonstration, etc.) and how the practical session was facilitated (e.g., participants were placed into two-person teams and rotated to the skills stations where they demonstrated CPR only or CPR with rescue breathing and airway obstruction relief techniques for adult, child, and infant that met 100% of the course requirements, etc.). this concept applies for any of the topics covered in the reports (i.e., radio communications, apparatus inspections, accountability, TIC operations, fire prevention, CPR, and medical training, lock-out/tag-out, building inspections, and equipment inspections).

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Supplemental Documentation Forms: **All documents must be typed**

Directions: Using the training topics selected in Skill 'D' (Training Schedule), the candidate **MUST prepare a report for each training session** scheduled on the following pages. Each report shall include attendance sheets/records, test records, scheduling and training records, incident/injury reports (if applicable), and a summary of the activities conducted. Per the fire department policy, each member is required to attend 100% of the mandatory training in addition to any other optional training offered. Training records and reports are legal documents and shall be maintained per department policy.

Instructional Session Topic:					Session #	- 001	
Session Date:			Location:				
Start Time:			End Time:			Number of Attendees:	
Method of Delivery:	☐	Classroom	☐	Practical	☐	Self-Directed	Con-Ed Credits:
Instructor(s):							

Narrative (Summary):

Equipment Used:

Instructor: _____

Date: _____

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Instructional Session Topic: _____ Session # _____ - 001

Session Date: _____ Time: _____ Location: _____

Attendance Roster:

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
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Instructional Session Topic:					Session #	- 002	
Session Date:			Location:				
Start Time:			End Time:			Number of Attendees:	
Method of Delivery:	☐	Classroom	☐	Practical	☐	Self-Directed	Con-Ed Credits:
							Yes No
Instructor(s):							

Narrative (Summary):

Equipment Used:

Instructor: _____

Date: _____

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Skill E – Training Records/Reports

Instructional Session Topic: _____ Session # _____ - 002
Session Date: _____ Time: _____ Location: _____

Attendance Roster:

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
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Instructional Session Topic:					Session #	- 003	
Session Date:			Location:				
Start Time:			End Time:			Number of Attendees:	
Method of Delivery:	☐	Classroom	☐	Practical	☐	Self-Directed	
						Con-Ed Credits:	Yes No
Instructor(s):							

Narrative (Summary):

Equipment Used:

Instructor: _____

Date: _____

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Skill E – Training Records/Reports

Instructional Session Topic: _____ Session # _____ - 003
Session Date: _____ Time: _____ Location: _____

Attendance Roster:

Name (Last, First, MI)	Dept. ID#	Skills	Written Score	Pass	Fail	Incomplete
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