

Training Record Summary Sheet

For organizations that hold regular drills

Reporting Entity: _____

Time Period: From: ____/____/201__ to ____/____/201__ (Suggest Minimum Quarterly)

This form is to assist in documenting ongoing training, (no need to make copies of full records) done in volunteer organizations, (FD & EMS) that hold regular drills. ***It is not a substitute for your own complete internal records*** but, can be submitted at your Municipality's regular Safety Committee Meetings and be made part of the official record; available for review by your Loss Control consultant during the on-Site Records review. **ONCE** per year you should show your full training records to your safety committee to confirm that regulatory and JIF best practice training is completed. Your Safety Coordinator will validate this submittal once, at the time the committee reviews your full records.

Please complete the table below; printing legibly

Multiple items done the same date may be placed on the same line, if desired

#	Date Mon/Day	Event type Drill, video Etc.	Number people present	Time Duration Min or hrs.	Topic or description
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

The above is submitted in partial fulfillment of the recordkeeping of this organization as it strives to fully participate in our **Safety Incentive Program** Activities.

Chief or other responsible officer

Date submitted to SC: ____/____/201__

Records Validated by: _____, on: ____/____/201__