TENNESSEE COMMISSION ON FIRE FIGHTING

FIRE DEPARTMENT AUDIT FORM – IN-SERVICE RECORDS

_____ _____
FIRE DEPARTMENT DATE

In accordance with Chapter 0360-7-1-.08 of the Commission's Rules and Regulations, the Commission conducts random audits of fire departments records of training as relates to the Educational Incentive Pay. In order to facilitate these evaluations, please find below the information which will be audited by the Commission. The Audit Committee may review additional information at its discretion.

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IN-SERVICE TRAINING RECORDS VERIFICATION

1. Does departmental copy of Training Program correspond with Commission Copy? _____
2. Are the dates classes were taught in accordance with courses approved? _____
3. Are the instructor(s) for all classes the same as those approved? _____
4. Do the course hours for each course correspond to those submitted for approval? _____
5. Are test scores on file? _____
6. Did any personnel have to be retested? _____. Did any personnel retest more than once? _____
7. Does the department have a sign-off sheet for each class which meets the requirements of the Rules? _____
8. Do all personnel (or random sampling, at a minimum of 5% of personnel submitted) have complete documentation on file a record of all training completed? _____
9. Does a cross reference of duty rosters, response logs, etc. show that these individuals were available for training and/or in training? (This item will be reviewed on an as-needed basis upon the determination of the committee conducting the audit.)
   _____
10. Was computerized training utilized? _____. If yes, were all requirements of the Rules followed? _____
11. For Specialized Training Courses that aren't tested, does the department have on file a paragraph from the student outlining what was learned during the class that was reviewed by the Training Officer? _____
12. Are records maintained in secure location with restricted access to authorized personnel? _____
13. Was a review of the current year's training records conducted, and if so, any recommendations?_____
14. Number of persons qualifying for Educational Incentive Pay for year audited: _____. Number of personnel reviewed: _____.

RECOMMENDATION TO COMMISSION: _____

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******PLEASE MAKE ANY COMMENTS/FINDINGS OF THE BACK******

_____ _____
SIGNATURE OF DEPARTMENT REPRESENTATIVE TITLE

_____ _____
SIGNATURE OF COMMISSION REPRESENTATIVE SIGNATURE OF COMMISSION REPRESENTATIVE

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COMMISSION COMMENTS AND/OR FINDINGS:

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DEPARTMENT'S COMMENTS
(optional)

This section is for department's representative to make any comments regarding this audit.