COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
2161 Unionville Deason Road
Bell Buckle, TENNESSEE 37020
931-294-4140

FIRE DEPARTMENT IN-SERVICE TRAINING RECORD SHEET

THIS FORM IS TO BE COMPLETED IN ITS ENTIRETY ON THE DAY OF THE CLASS BY THE INSTRUCTOR. Test scores may be added later if the test is administered on a different date from the class. **Please ensure to void unused lines**. **A separate form must be used for each class taught in a day and for each day of a class.**

FIRE DEPARTMENT: _____

DATE OF COURSE: _____TIME OF COURSE _____/_____ TEST DATE: _____
(FROM) (TO)

TITLE OF COURSE: _____

TOTAL COURSE HOURS FOR THIS SESSION_____ TOTAL # OF STUDENTS FOR THIS SESSION_____

EMP. ID # (or last four (4) digits of SS#)	**SHIFT**	**NAME (Print)**	**NAME (Sign)**	**RANK**	**TEST SCORE**

(Print) INSTRUCTOR: _____ (Sign) INSTRUCTOR: _____

(Print) INSTRUCTOR: _____ (Sign) INSTRUCTOR: _____

INSTRUCTOR'S COMMENTS:

TRAINING OFFICER'S COMMENTS: