



COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
 500 James Robertson Parkway, Suite 630
 Nashville, TN 37243 – 615-741-6780

_____ **FIRE DEPARTMENT IN-SERVICE TRAINING RECORD SHEET**

DATE OF COURSE: _____ LENGTH OF COURSE IN HOURS: _____ / _____ TEST DATE: _____
 (FROM) (TO)

TITLE OF COURSE: _____

TOTAL COURSE HOURS FOR THIS SESSION _____ TOTAL # OF STUDENTS FOR THIS SESSION _____

| EMP. ID # <small>(or last four (4) digits of SS#)</small> | SHIFT | NAME (Print) | NAME (Sign) | RANK | TEST SCORE |
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(Print) INSTRUCTOR: _____ (Sign) INSTRUCTOR: _____

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

INSTRUCTOR'S COMMENTS:

TRAINING OFFICER'S COMMENTS:
