HORRY COUNTY FIRE/RESCUE
INDIVIDUAL TRAINING RECORD

NAME: _____ **RANK:** _____ **SHIFT:**_____

STATION: _____ **MONTH & YEAR:** _____ **DATE SUBMITTED:**_____

			HRS				EXAM	
DATE	**SUBJECT**	**LOCATION**	**CLASS**	**PRACT**	**TOTAL HOURS**	**INSTRUCTOR**	**WRITTEN** (PASS/FAIL)	**SKILLS** (PASS/FAIL)
TOTAL HOURS MONTHLY TRAINING =								

This is to certify that all monthly training objectives assigned for the month of_____have been completed.

_____

SIGNATURE OF COMPANY OFFICER/SUPERVISOR DATE

_____

SIGNATURE OF CHIEF OF TRAINING OR DESIGNEE DATE

COMMENTS: _____

_____

HCFD/JMW2001 REVISION 1