



# Virginia Department of Fire Programs

## Personal Protective Equipment & Training Accountability Form

Individual Name: \_\_\_\_\_ Session # TRUCK CO. OPS 2024  
 Department: \_\_\_\_\_ Type Burn: CLASS A  
 Burn Location: BLACKSBURG, VA Date: 01/27/2024

### **PPE INSPECTION: Inspected and Serviceable – NFPA 1851**

Coat: \_\_\_\_\_ Pants: \_\_\_\_\_ Helmet: \_\_\_\_\_ Boots: \_\_\_\_\_ Gloves: \_\_\_\_\_

Hood: \_\_\_\_\_ SCBA: \_\_\_\_\_ PASS: \_\_\_\_\_ Accountability Tag: \_\_\_\_\_

Problems with PPE: \_\_\_\_\_

**TRAINING LEVEL:** Prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the minimum job performance requirements (JPR), for Fire Fighter 1 in NFPA 1001. The above named individual must meet the JPR's as referenced from **NFPA 1403 (2018) Section 4.3.1 Required Minimum Training** related to the following subjects:

- |   |  |                            |
|---|--|----------------------------|
| (1) Safety                              | (5) Ladders                            | (9) Ventilation            |
| (2) Fire Behavior                       | (6) Fire Hose, Appliances, and Streams | (10) Forcible Entry        |
| (3) Portable Extinguishers              | (7) Overhaul                           | (11) Building Construction |
| (4) Personal Protective Equipment (PPE) | (8) Water Supply                       |                            |

I, \_\_\_\_\_ certify that I have received the above training prior to entering the Live Fire Training being offered here. I certify the above information is true.

Signature (legible): \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_ has received the above training prior to entry into the Live Fire Training being offered. I certify the above information is true and the individual named above, PPE has been inspected by myself or a designee appointed by me to inspect PPE.

Department Official/Designee:

_____	_____	_____	_____
Print Name (legible)	Signature (legible)	Title	Date

Lead Instructor:

<u>S.J. RATCLIFFE</u>	_____	<u>CAPT</u>	_____
Print Name (legible)	Signature (legible)	Title	Date

Safety Officer:

<u>A.A. SMITH, JR.</u>	_____	<u>CHIEF</u>	_____
Print Name (legible)	Signature (legible)	Title	Date