



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



PUTNAM FIRE TRAINING CENTER ACTIVITIES REPORT

Date: _____ Time In: _____ Time Out: _____

Department Name: _____ Officer in Charge: _____

Evolutions Used:

Burn Building:

Did you lock, secure? _____
Did you sweep it out and wash it down? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Forcible Entry FIXED PROP:

Did you notice anything that needs repairing? _____
If yes, please list: _____

Forcible Entry PORTABLE PROP:

Did you notice anything that needs repairing? _____
If yes, please list : _____

Mask Confidence:

Did you lock, secure and turn off lights? _____
Did you notice anything that needs repairing? _____
If yes, please list : _____

Training Tower:

Locked and secured? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____



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Flashover:

Locked and secured? _____
How many pallets did you use? _____ How many left? _____
How many particle boards were used? _____ How many left? _____
How many evolutions did you do? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Propane:

Locked and secured? _____
Percent of propane at start _____ % When finished _____ %
How many evolutions did you do? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Drafting:

Did you recap the dry hydrant? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____

Confined Space:

Did you lock and secure? _____
What equipment was used? _____

Did you notice anything that needs repairing? _____
If yes, please list: _____

Portable Pump:

Did you drain the pump? _____ Did you lock and secure? _____
Did you notice anything that needs repairing? _____
If yes, please list: _____



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Air compressor:

Did you lock, secure, and turn off the lights? _____

Did you notice anything that needs repairing? _____

If yes, please list: _____

Roof Simulator:

How many particle boards were used? _____ How many left? _____

Did you notice anything that needs repairing? _____

If yes, please list: _____

Did you remember to close and lock the main gate? _____

Please list Training Center Supplies that were used: _____

Any additional comments or complaints: _____

*****THIS MUST BE FILLED OUT AND RETURNED TO THE BUREAU IMMEDIATELY
FOLLOWING USE OF TRAINING FACILITY*****

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