

Firefighting Equipment Familiarization Form

Name:

Position/Rank:

Date:

Department / Location:

Equipment	Familiarized	Remarks
Fire Extinguisher (Type):	<input type="checkbox"/>	<div></div>
Fire Hose & Nozzle	<input type="checkbox"/>	<div></div>
Fire Hydrant	<input type="checkbox"/>	<div></div>
Fire Blanket	<input type="checkbox"/>	<div></div>
Breathing Apparatus	<input type="checkbox"/>	<div></div>
Emergency Alarm System	<input type="checkbox"/>	<div></div>

Additional Comments / Notes:

Trainer/Supervisor:

Signature: