



Prince George's County Fire/EMS Department Annual Refresher Training Record Form

Effective 01/01/09

Name: _____ County ID: _____ Station #: _____

<u>Annual Refresher Training</u>	<u>Completion Date</u> (mm/dd/yyyy)	<u>Instructor/ Evaluator ID</u>
Self Contained Breathing Apparatus Refresher Course	_____	_____
SCBA Skill Drills:		
1. Skill Drill 2-1: Donning PPE	_____	_____
2. <i>Must complete one of the following Donning SCBA Drills</i>		
a. Skill Drill 2-3: Donning SCBA-Seat-Mounted Bracket	_____	_____
b. Skill Drill 2-5: Donning SCBA-Over-the-Head Method	_____	_____
c. Skill Drill 2-6: Donning SCBA-Coat Method	_____	_____
3. Skill Drill 2-7: Donning a Face Piece	_____	_____
4. Skill Drill 2-9: Daily SCBA Inspection	_____	_____
5. Skill Drill 2-14: Activating the PASS Device	_____	_____
EVO Refresher Course	_____	_____
Hazmat 1 st Responder Operations Level Refresher Course	_____	_____
Infection Control Refresher	_____	_____

Additional Training and Certification

NIMS (Fill in dates below)

ICS-100: _____(required) IS-700: _____(required)
IS-200: _____ IS-800: _____ ICS-300: _____ ICS-400: _____

MIEMSS ID: _____ **Expiration:** _____ 1stResp EMT-B EMT-I EMT-P

CPR (must be in compliance with G.O. 04-01)

Certifying Organization: _____ Expiration: _____

Submitting Documentation

The Battalion Chief/ Volunteer Chief is responsible for ensuring that the above-named individual is in compliance with all applicable General Orders and other laws to be an operational employee/member of the Prince George's County Fire/EMS Department.

Submit this document and copies of required documentation (i.e. IS-700, if not already on file) to the Fire/EMS Training Academy. **Do not submit copies of the Skills Drills. Do not use staples. Faxes will not be accepted.**

By signing below, I hereby certify that the individual listed above has successfully completed all skill requirements for the refresher training programs listed above. In addition, I have visually inspected and verified all documentation for accuracy, reliability and completeness.

Instructor/Evaluator's Signature and ID# Date Battalion Chief/Volunteer Chief Signature and ID#

PRINT INSTRUCTOR'S NAME: _____ PRINT CHIEF'S NAME: _____