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|--------------|--|----------------|--|
| Dates: | | Instructor: | |
| Location: | | # of Students: | |
| Start Time: | | EMS CE Hrs: | |
| Total Hours: | | HazMat CE Hrs: | |

Classroom Day Drill Night Drill Multi Company Drill Tail Gate Safety Topic

Students: Print your name where indicated and sign or initial under each class date that you attend.

Please print and sign your name legibly. Use an additional sheet if necessary.

| | Name (Please print) | Station VFC Agency | Class Dates | | | | | CE's |
|----|------------------------|--------------------------|---------------------------------|---------|---------|---------|---------|--------------------------|
| | | | Signature (1 st Day) | Initial | Initial | Initial | Initial | |
| 1 | | | | | | | | <input type="checkbox"/> |
| 2 | | | | | | | | <input type="checkbox"/> |
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|----|------------------------|--------------------------|---------------------------------|---------|---------|---------|---------|--------------------------|
| | | | Signature (1 st Day) | Initial | Initial | Initial | Initial | |
| 31 | | | | | | | | <input type="checkbox"/> |
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