

CAL FIRE

Butte County Fire Department

Firefighter Cohesion and Entrapment Avoidance Verification Sheet

I _____ verify that
Print Supervisor's name

_____ has completed the
Print Employee's name

Firefighter Cohesion and Entrapment Avoidance DVD and has satisfactorily participated in a group discussion based on the provided discussion questions on

Date

Supervisor's Signature

Date

Employee's Signature

Date