



# 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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