

**Wintergreen Fire and Rescue**  
**End of the Shift Report**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Station: \_\_\_\_\_

Personnel on Duty:

Assignments

---

---

---

---

---

---

Daily Assignments completed?    Yes    No    Time started: \_\_\_\_    Time ended: \_\_\_\_  
If not, please explain

---

---

Additional Assignments completed

---

---

Physical Fitness    Time started: \_\_\_\_    Time ended: \_\_\_\_

What training was completed?    Time started: \_\_\_\_    Time ended: \_\_\_\_

---

---

What streets drills were completed?    Time started: \_\_\_\_    Time ended: \_\_\_\_

---

---

Total number of calls for shift    \_\_\_\_ Fire    \_\_\_\_ EMS    \_\_\_\_ MVC

Apparatus out of service

---

---

Additional comments:

---

---

*\*\*\*By signing below, you are affirming that you have completed thoroughly the specific task and the information is accurate to the best of your knowledge. This form will be kept on file. \*\*\**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_