

WINTERGREEN FIRE AND RESCUE

End of Shift Report

Date: ___/___/_____

Station: _____

Personnel on Duty:

Volunteers on Duty:

Face to face transfer of info at Shift Change: Yes ___ No ___

Daily Assignments completed? Yes ___ No ___ Time started: ___ - ___ Time Ended: ___ - ___

If not, please explain _____

Additional Assignments completed: _____

60-Minutes PT Completed for Shift, (all on shift must initial): #1 _____ #2 _____ #3 _____

What training was completed? Time started: ___ - ___ Time Ended: ___ - ___

What street drills completed? Time started: ___ - ___ Time Ended: ___ - ___

Total # of calls for shift: ___ Fire ___ EMS ___ MVC

Trouble Tickets reported: _____

Apparatus out of service: _____

Additional comments: _____

1st Out Ambulance CT Box # _____ Exp. Date: ___/___/___ Tag# _____

2nd Out Ambulance CT Box # _____ Exp. Date: ___/___/___ Tag# _____

3rd Out Ambulance (Wkend Only) CT Box # _____ Exp. Date: ___/___/___ Tag# _____

Rescue Response Vehicle CT Box # _____ Exp. Date: ___/___/___ Tag# _____

Fire Response Vehicle CT Box # _____ Exp. Date: ___/___/___ Tag# _____

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.

Employee Signature: _____ Date: ___ - ___ - ___

Employee Signature: _____ Date: ___ - ___ - ___

Employee Signature: _____ Date: ___ - ___ - ___

Reviewed by Officer , initial: _____