

Attachment 2

Post FTC Use Report

Complete after session and send to the Fire Coordinator's Office

Name of Department: _____ Date: _____

OIC: _____ Phone : (H) _____
(W) _____

Date Training Conducted: _____ Time start: _____ End: _____

Number of Firefighters in attendance: _____

Condition of Facility prior to use?

Where any problems encountered during Training? Yes _____ No _____

If yes,
describe: _____

Was any damage done to building? Yes _____ No _____

If yes,
describe: _____

Was notification of damage made? Yes _____ No _____

If Yes:
Notification made to: _____ on Date _____ at
Time _____

_____ Training Officer _____ Safety Officer

Facility Operator (if required)

This completed form should be faxed to 518-295-2277, mailed or delivered to the
Fire Coordinator 2783 State Route 7 Cobleskill, NY 12043