**FIRE DEPARTMENT**

Public Fire Safety Education Report

Location of Program:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: From: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ Shift:  A Shift  B Shift  C Shift

Fire Department Instructors:

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

Group Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Email:

**Type of Program: Number of People in Attendance:**

Station or Apparatus Tour: \_\_\_\_\_ Grades 1 – 6: \_\_\_\_\_\_\_\_\_

Safety Talk: \_\_\_\_\_ Grades 7 – 8: \_\_\_\_\_\_\_\_\_

Demonstration: \_\_\_\_\_ Grades 9 –12: \_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adults: \_\_\_\_\_\_\_\_\_

Total People Reached: \_\_\_\_\_\_\_\_\_

**Audiovisual Presentation**:

Title of video or presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment and Supplies:**

Fire Station: \_\_\_\_\_ Badges: \_\_\_\_\_\_\_ №: \_\_\_\_\_\_\_\_

Tools/equipment/turnouts: \_\_\_\_\_ Balloons: \_\_\_\_\_\_ №: \_\_\_\_\_\_\_\_

Fire apparatus/vehicles: \_\_\_\_\_ Smoke house: \_\_\_\_\_

Pamphlets: \_\_\_\_\_ №: \_\_\_\_\_\_\_\_ Puppet show: \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of fire department member

(Please fill out form completely and forward to the fire marshal)