



FIRE EXTINGUISHER TRAINING FORM

I affirm that I have received training in the use of fire extinguishers in accordance with Okaloosa County's Safety Policies.

The training included but was not limited to the following:

1. Class A, B, C and D fires.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Types of Fire Extinguishers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. How to Properly Operate a Fire Extinguisher.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. How to Properly Extinguish a Fire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRAINEE SIGNATURE:

1. Name (Print):	2. Job Title	3. Department:
4. Signature:	5. Date:	

TRAINER SIGNATURE

1. Name (Print):	2. Job Title:	3. Department:
4. Signature:	5. Date:	