

Escambia County Fire Rescue

Driver Training Log

Trainee's Name: _____ **Unit:** _____

Battalion Chief or District Chief authorizing trainee to begin driver's training program:
Print clearly and sign: _____ **Date:** _____

Driver's history report completed & acceptable	Sign:
Copy of driver's license	Sign:
Copy of EVOC certificate	Sign:
Trainee provided copies of ECFR 3300 series SOG's	Sign:

Date	Record total number of hours	Summary of driver training	Instructor

This form is intended to be used in addition to firehouse reporting, all driver's training should be logged into the firehouse system.