

# Stanislaus County Fire Training Officer's Association

## Workers Comp. / Chief's Permission Slip

The personnel listed below are authorized to participate in the training on \_\_\_\_\_ being offered by the S.C.F.T.O.A. All personnel listed are covered by our own fire agency's Workers Compensation Insurance and have all the Personal Protective equipment required to attend the training. The equipment, and apparatus provided by our agency is in good working order, covered by our agency's insurance and liability policies, and the personnel below are cleared to operate. **All participants in "Live IDLH training exercises are compliant with OSHA Resp.Std. 29 CFR 1910.134.**

Training Topic: \_\_\_\_\_

Location: \_\_\_\_\_

	Name	Rank	Yrs. Exp.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

Chief's Signature: ( the chief of the department must sign) \_\_\_\_\_

Print : \_\_\_\_\_

Dept: \_\_\_\_\_

Date: \_\_\_\_\_

At sign-in, each Engine Company Officer will be asked if they, their personnell, their equipment, and their apparatus, are available to be used or committed to any other activity, during the training hours, they have the permission of the above signed dept. Chief, and that they will make appropriate notifications if / when assigned, reassigned or released.