

**Tightwad Fire Protection District
New Member Checklist**

Name: _____

ID: |_|_|_|_|

ADMINISTRATION

<u>Date</u>	
___/___/___	Personnel File established
___/___/___	Operations File established
___/___/___	Training File and Training Checklist established
___/___/___	Identification Number Assigned
___/___/___	Identification Card issued
___/___/___	Badge issued; Initials received: _____
___/___/___	Hepatitis B vaccination record or declination on file
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

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ID: |_|_|_|_|_|

EQUIPMENT AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

<u>Date Issued</u>	<u>Initials</u>	<u>Item</u>	<u>Serial Number</u>	<u>Condition/Comments</u>
___/___/___	_____	Helmet	_____	_____
___/___/___	_____	Hood	_____	_____
___/___/___	_____	Coat	_____	_____
___/___/___	_____	Pants	_____	_____
___/___/___	_____	Suspenders	_____	_____
___/___/___	_____	Boots	_____	_____
___/___/___	_____	Gloves	_____	_____
___/___/___	_____	Hand-held radio	_____	_____
___/___/___	_____	Radio pager	_____	_____
___/___/___	_____	Telephone Pager	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____