KENTUCKY FIRE COMMISSION

300 North Main Street Versailles, KY 40383
1-800-782-6823 Fax: 859-256-3125

TRAINING ROSTER KFS-1A

FF NUMBER	LAST NAME	FIRST NAME	INITIALS	HRS	FF NUMBER	LAST NAME	FIRST NAME	INITIALS	HRS

CLASS DATE:_____ SUBJECT:_____ COURSE CATEGORY:_____

LOCATION:_____ TOTAL HOURS:_____ START TIME:_____ END TIME:_____ FDID:_____

LEAD INSTRUCTOR:_____ INSTRUCTOR #:_____ Level: I II III

ASSISTING INSTRUCTOR:_____ INSTRUCTOR #:_____ Level: I II III

ASSISTING INSTRUCTOR:_____ INSTRUCTOR #:_____ Level: I II III

ASSISTING INSTRUCTOR:_____ INSTRUCTOR #:_____ Level: I II III

LESSON PLAN:_____ OBJECTIVE(S) COVERED: ALL PARTIAL(LIST)_____

CLASS DESCRIPTION:_____

_____

_____

_____

DATE ENTERED:_____ ENTERED BY:_____