FLORENCE TOWNSHIP FIRE DISTRICT #1

APPARATUS OPERATOR LIST (DF-AOL-01)

OPERATOR NAME	VEHICLE # _____	VEHICLE # _____	VEHICLE # _____	OFFICER QUALIFYING	DATE

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NOTE TO OFFICERS MAKING THE QUALIFICATIONS:

ENTER THE APPROPRIATE VEHICLE RADIO CALL NUMBERS IN THE HEADER PORTION OF THE FORM; USE AS MANY FORMS AS NECESSARY TO RECORD ALL THE VEHICLES IN THE STATION.

ONCE AN OPERATOR IS QUALIFIED THE DATE OF QUALIFICATION SHOULD BE ENTERED UNDER THE APPROPRIATE VEHICLE NUMBER. THE OFFICER MAKING THE QUALIFICATION MUST ENTER HIS NAME AND THE DATE THAT THE QUALIFICATION IS MADE IN THE LAST TWO LINES ON THE FORM.

THIS FORM MUST BE POSTED IN ACCORDANCE WITH POLICY 315