SUFFOLK COUNTY FIRE ACADEMY ATTENDANCE RECORD

RAPID INTERVENTION TEAM - FIREFIGHTER ASSIST and SEARCH TEAM

Department:_____

Student Name: _____

**SCFA Student I.D.#: _____

NYS Training I.D.#: _____

***Your Fire Academy I.D. number consists of the first two letters of your last name and the last four digits of your social security number.*

Location	Session	Subject	Date	Instructor Signature
	1	RIT-FAST 1		
	2	RIT-FAST 2		
	1	RIT-FAST 3		
	2	RIT-FAST 4		
	2	RIT-FAST 5		