

SUFFOLK COUNTY FIRE ACADEMY ATTENDANCE RECORD

**EMERGENCY VEHICLE OPERATIONS
EVOC**

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	Introduction, Identifying the Problem, Motivation Exercises, Personnel Selection, Legal		
	2	Physical Forces, Vehicle Maintenance and Records, Vehicle Standard Operating Procedures		
	3	Hands On: Enacting Driving Procedures/ Preventative Maintenance		

Hands-On: Pass / Fail (Instructor circle one)

Vehicle Used in Testing: _____