

**SUFFOLK COUNTY FIRE ACADEMY ATTENDANCE RECORD**  
**INCIDENT SAFETY OFFICER**

Department: \_\_\_\_\_

Student Name: \_\_\_\_\_

\*\*SCFA Student 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	ISO 1		
	2	ISO 2		
	3	ISO 3		
	4	ISO 4		

Prerequisite: Firefighter 1 (Basic or Essentials)  
ICS100 , ICS 200