

SUFFOLK COUNTY FIRE ACADEMY ATTENDANCE RECORD

PUMP OPERATOR

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	Pump Operator 1		
	2	Pump Operator 2 Lecture & Hands-On		
	3	Pump Operator 3 Lecture & Hands-On		
	4	Pump Operator 4 Lecture & Hands-On		
	5	Pump Operator 5 Review & Final Exam		