

Name of Fire Department:

Year: 2019



Last Name	First Name	Current Active Interior Firefighter (Y/N)	Firefighter has 5 years of verifiable Fit Testing (Y/N)	Firefighter had a verifiable physical upon entry to the department (Y/N)	Date of Entry to Fire Department mm/dd/yyyy	Date member left Fire Department	Entitlement Date

Census Verified by:

Signature