

### 3. FIRE AND LIFE SAFETY TRAINING

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Person(s) Conducting Training:** \_\_\_\_\_

**Type of Training:** All Staff In-Service \_\_\_\_\_ New Employee Orientation: \_\_\_\_\_

**Shift:** Day \_\_\_\_\_ Swing \_\_\_\_\_ Night \_\_\_\_\_

*Note: If training was performed for a specific shift, please indicate.*

**List Competencies Covered in Training Topics:** (Refer to Section I-D of the Oregon State Fire Marshal Manual on Policies, Practices, & Procedures for Licensed Care Facilities.)

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#### Participating Staff Signatures

CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____

An evaluation of employee competence shall be indicated using the following criteria:

**CO Competency Observed** – The individual is able to demonstrate the required knowledge and/or skill without assistance.

**NI Needs Improvement** – The individual is either unable to demonstrate the requisite knowledge and/or skill or requires considerable coaching and/or assistance in order to complete the competencies.