

Wintergreen Fire and Rescue
End of the Shift Report

Date: ____/____/____

Station: _____

Personnel on Duty

Assignments

Daily Assignments completed? Yes No Time Started: _____ Time Ended: _____

If not, please explain

Additional Assignments completed

What Fire/EMS training was completed? Time Started: _____ Time Ended: _____

Physical Fitness Completed? Yes No Time Started: _____ Time Ended: _____

Total number of calls for shift _____ Fire _____ EMS _____ MVC

Apparatus out of service

Additional comments:

****By signing below, you are affirming that you have completed thoroughly the specific task and the information is accurate to the best of your knowledge. This form will be kept on file.****

Signature: _____ Date: _____

Signature: _____ Date: _____