ACTF&R CFU Training Activity
Attendance 2023/24 Season

Please indicate which drills the CFU member completed with either a tick or cross									
First Name	Surname	CFU ID No.	Identify Equipment	Wet Hose Drill	Breeching & Damaged Hose	Portable Pumping	**Communication	Other: Give details below	Members Signature

CFU Unit involved in Training:

Date:

_____

Training Supervised by:

_____

Station Officer / Team Leader Name:

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Station Officer / Team Leader Signature:

Please email completed forms to actfbcfu@act.gov.au

****Only Team Leaders & Deputies are required to complete the Harris Radio Communications Drill****

Details of other Training conducted.

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