Central District Firemen's Association Fire Prevention Tracking Sheet

Department Name: _____

Date of Event: _____

Type of event (Circle One): Fire Prevention, Fire Extinguisher, Smoke Detector, Open House

Please explain what was conducted at the event:

_____

_____

_____

_____

_____

Location and Address of Program: _____

Location within First Due: Yes or No

Number of Department Members Attending: _____ Number of People Attending: ____

Were Handouts Used: Yes or No If YES, what was used:

_____

_____

Age Groups: Daycare/Pre-School Middle School/Junior High High School Adults