

**ACTF&R CFU Training Activity  
Attendance**

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:

\_\_\_\_\_  
Station Officer / Team Leader Signature:

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

Details of other Training conducted.  
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\_\_\_\_\_  
\_\_\_\_\_  
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