MORGAN COUNTY RESCUE SQUAD TRAINING REPORT

DATE: _____

FROM HRS: _____ **TO HRS:** _____ **HRS:** _____ **MINS:** _____

SUBJECT: _____

LOCATION: _____

INSTRUCTOR: _____

TOTAL MAN HRS: _____

UNIT NO.	NAME	SIGNATURE

MCRS FORM 123 REVISED 29 AUG 2005