SHENANDOAH COUNTY
FIRE & RESCUE

Emergency Vehicle Driver Training Log

Driver's name: _____

Operator's License Number: _____ Expiration Date: _____

Type of Driver Training: (check one)

☐ New Driver ☐ Vehicle Orientation ☐ New Apparatus ☐ Remedial Training

Date	Vehicle Type	Unit Identifier	Miles Traveled	Hours of Stationary Training*	Driver Trainer Initials

*Includes pump operations, aerial operations, equipment familiarization, etc.