KENT COUNTY
GROUND SEARCH AND RESCUE
PERSONNEL TRAINING RECORD

NAME:

UNIT #

TRAINING FOR THE MONTH OF

PAGE _____ OF _____

DATE	LOCATION	SUMMARY OF ACTIVITY / TOPICS COVERED	PREP / TRAVEL HOURS	START TIME / FINISH TIME	FIELD HOURS	TOTAL HOURS

PLEASE USE THIS FORM TO RECORD ALL INDIVIDUALIZED SAR TRAINING. THIS FORM SHOULD BE COMPLETED AND TURNED IN TO THE EMA OFFICE ON A MONTHLY BASIS.

GSAR FORM 580
REV 8/00

TOTALS