

Johnson County Fire Protection District
Training and Safety Division



Training Equipment/Material Request

Date: _____ Requested By: _____ Station: _____
Contact Number: _____

Equipment/Material Requested:

Date(s) of Use: _____

Use of Equipment/Material: *(Describe how you will use the checked out item.)*

TD Approval: _____ Y () N () Date: _____

Checked Out to: _____ Date: _____

Contact Number: _____

Issued By: _____ Date: _____

Returned By: _____ Date: _____

Return Received: _____ Date: _____

Notes: (damage prior to or after return, safety, instructions given)

*Original to file-Copy to person checking out.