EXPLORER PROGRAM RIDE COMPLETION FORM

Date of Ride:		
	1st Company	2nd Company (Truck, Squad)
Explorer:	Capt/Lt	Capt/Lt
Company:	D/E	D/E
From: To:	PM/FF	FF/PM
Total Hours:	FF	FF

Alarms

Time	Incident No.	Address	Nature of Call

Training

Customer Service/Special Projects

Public Education/Appearances

Self-Study

Comments from crew

FF you observed: _____

CALL DESCRIPTIONS