



Region 6 Inspection

Returning Firefighter previously Inspected with NO change in Position

Employee Name: _____

Company Name: _____

Qualified Position: _____

Date Qualified: _____

Government Photo ID Verified: YES NO

In order to complete inspection please provide the following documents

- Copy of signed inspection checklist from last year
- Copy of current certificate of training for RT-130
- Copy of Current WCFT Results, signed by Administrator

	Date Completed	Instructor's
Name		
RT 130 Annual Refresher:	_____	_____
	Date	Administrator's Name
Current Pack Test:	_____	_____

Inspector's Printed Name: _____ Association: _____

Inspector's Signature: _____ Date: _____

Approved For: ICS Position _____

(Inspector's Initials)