

Public Safety First Aid Log

Print Name		Volunteer Company or Station		
Signature		Date Submitted to Training & Safety Bureau		
Date	Course Title or Training Topic	Location	Instructor	Hours
	PSFA Module 1			
	PSFA Module 2			
	PSFA Module 3			
	PSFA Module 5			
	PSFA Module 6			
	PSFA Module 4 (CPR/AED)			
	COPY REQUIRED			
	Communicable Disease			

PSFA Card Issued: Yes No

PSFA Card Number: _____