

RIO HONDO FIRE ACADEMY

NOTICE OF SUBSTANDARD CADET PERFORMANCE

NAME: _____

PRE-SERVICE

IN-SERVICE / SPONSORED

AGENCY: _____

BASIC FIRE ACADEMY – CLASS NO.: _____

ENGINE COMPANY: _____

1. INSUBORDINATION
2. LACK OF COOPERATION
3. PERSONAL APPEARANCE / HYGIENE
4. JUDGEMENT
5. PEER RELATIONS
6. ATTITUDE
7. ALERTNESS / ATTENTIVENESS
8. PUNCTUALITY / RELIABILITY / DEPENDABILITY
9. MANIPULATIVE / ACADEMIC / PERFORMANCE
10. OTHER _____

GIVE A BRIEF DESCRIPTION OF OFFENSE OR NEGLIGENCE: _____

Cadet _____ scored _____ out of _____ (_____ %) on
quiz No. _____. (80% is the quiz standard)

Cadet _____ will retake quiz no. _____ on _____ and
must attain 85% to pass. _____

Staff / Cadet Officer: Name: _____ Signature: _____

I acknowledge receipt of a copy of this notice and that I have been counseled on the above deficiency. I wish to
make the following comments.

Cadet Signature: _____

Date: _____

RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology

RIO HONDO FIRE ACADEMY

WARNING NOTICE

NAME: _____

PRE-SERVICE

IN-SERVICE / SPONSORED

AGENCY: _____

BASIC FIRE ACADEMY – CLASS NO.: _____

ENGINE COMPANY: _____

You are hereby notified that:

You were deficient in the information and/or manipulative skills that were presented on this date. You will be tested on this material prior to completion of the academy.

You are warned that your actions as outlined below were not acceptable for a member of the Fire Academy. You are also advised that any future occurrence of this nature will result in a minimum disciplinary action of issuance of a substandard notification.

Instructor Drill Master Cadet Officer: _____

Date: _____

**NOTE: Two warnings are equal to one Substandard Cadet Performance Notice.
See Cadet Policy No. 3.**

I acknowledge receipt of a copy of this notice and that I have been counseled on the above deficiency. I wish to make the following comments.

Cadet Signature: _____ Date: _____

RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology

RIO HONDO FIRE ACADEMY

AUTHORIZATION TO RELEASE STUDENT RECORDS

Federal Legislation, the Family Educational Rights and Privacy Act of 1974 prohibit Rio Hondo College from providing information unless we have a written authorization from the student. If signed below, this form will provide Rio Hondo College with the necessary authority to release the required information.

I _____, authorize the Rio Hondo College Public Safety Training Center (Basic Fire Academy) to release to any prospective fire department, law enforcement or government employer all information regarding my training, performance, academic standing and past records. **This authorization will be kept on file and remain in effect for three years after the graduation date.**

If at any time during the training program I wish to revoke the waiver, I can do so by providing written notification to the basic fire academy coordinator.

Print Name **Clearly**

Class Number

Signature

Date

RIO HONDO FIRE ACADEMY

STUDENT CONTRACT

I _____, understand and accept the Academic Standards and Procedures established for the Rio Hondo Fire Academy. I also certify that I am physically and medically qualified under the guidelines established by the National Fire Protection Association Pamphlet # 1001 to compete in the physical fitness portion of the academy.

Furthermore, I assume all responsibility and hold Rio Hondo College, the City of Santa Fe Springs and other participating agencies harmless for any illness or injury that may occur as the result of any physical or other aspects of training conducted while attending the Rio Hondo Fire Academy.

Cadet Signature: _____ Date: _____

Print Name: _____ Class No.: _____

RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology

RIO HONDO FIRE ACADEMY

INTER-ACADEMY MEMORANDUM

TO:

DATE OF MEMO:

FROM:

ENGINE COMPANY:

PLATOON:

CLASS NUMBER:

SUBJECT OF MEMO:

ROUTING: CADET CAPTAIN _____ CADET B/C _____

REPLY SECTION

REQUEST IS: APPROVED DENIED Request denied for the following reasons: _____

OFFICE USE ONLY BELOW THIS LINE

ABSENCES TO DATE: _____ MEETING ACADEMIC STANDARDS: _____

INSTRUCTORS: _____

MAKE-UP POSSIBLE: _____ INSTRUCTOR APPROVAL: _____

ASSIGNMENT MAKE-UP FORM

NAME: _____

- PRE-SERVICE
- IN-SERVICE / SPONSORED

AGENCY: _____

DATE ABSENT: _____ HOURS MISSED: FROM _____ TO _____ TOTAL HRS. MISSED: _____

REASON: _____

SUBJECT MATTER BREAKDOWN

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

ROUTING

CADET CAPTAIN: _____ CADET B/C: _____ DRILLMASTER: _____

ASSIGNMENT MAKE-UP FORM

NAME: Joe Does

PRE-SERVICE
 IN-SERVICE / SPONSORED
AGENCY: _____

DATE ABSENT: February 1, 2005 HOURS MISSED: FROM 1100 TO 1530 TOTAL HRS. MISSED: 4

REASON: Oral interview test with Pucca-Pucca F.D.

SUBJECT MATTER BREAKDOWN

TIME: 1100 TO 1200 SUBJECT: EMT

INSTRUCTOR: Captain/Paramedic A. Grzywa

MAKE UP ASSIGNMENT: No make up assigned.

DATE COMPLETE: N/A CADET SIGNATURE: Joe Does

INSTRUCTORS SIGNATURE: _____

TIME: 1230 TO 1530 SUBJECT: Hose - Module 4

INSTRUCTOR: Captain R. Contreras

MAKE UP ASSIGNMENT: Draw diagrams of reverse lays.

DATE COMPLETE: 02/02/05 CADET SIGNATURE: Joe Does

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

TIME: _____ TO _____ SUBJECT: _____

INSTRUCTOR: _____

MAKE UP ASSIGNMENT: _____

DATE COMPLETE: _____ CADET SIGNATURE: _____

INSTRUCTORS SIGNATURE: _____

ROUTING

CADET CAPTAIN: _____ CADET B/C: _____ DRILLMASTER: _____

RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology

RIO HONDO FIRE ACADEMY

INTER-ACADEMY MEMORANDUM

TO: Captain *Norm Scott, Sr. Drill Master* DATE OF MEMO: *January 04, 2005*
FROM: *Joe Does, Cadet* ENGINE COMPANY: *3*
PLATOON: "A" CLASS NUMBER: *63*
SUBJECT OF MEMO: *Request for excuse of absence*

I respectfully request excuse for my tardiness on January 03, 2005. I arrived on the grinder at 07:31. The reason for my tardiness was due to exceptionally heavy traffic on the Santa Ana Freeway on this date. I called in my impending lateness to the academy staff prior to opening line up.

In the future, I will take measures to ensure that this does not occur again.

I thank you in advance for your consideration in this matter.

ROUTING: CADET CAPTAIN _____ CADET B/C _____

REPLY SECTION

REQUEST IS: APPROVED DENIED Request denied for the following reasons: _____

OFFICE USE ONLY BELOW THIS LINE

ABSENCES TO DATE: _____ MEETING ACADEMIC STANDARDS: _____

INSTRUCTORS: _____

MAKE-UP POSSIBLE: _____ INSTRUCTOR APPROVAL: _____

RIO HONDO COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology

RIO HONDO FIRE ACADEMY

INTER-ACADEMY MEMORANDUM

TO: Captain *Norm Scott, Sr. Drill Master* DATE OF MEMO: *January 24, 2005*
FROM: *Joe Does, Cadet* ENGINE COMPANY: *3*
PLATOON: *“A”* CLASS NUMBER: *63*
SUBJECT OF MEMO: *Request for excuse of absence*

I respectfully request excuse for my tardiness on January 24, 2005. I arrived on the grinder at 18:51. The reason for my tardiness was due to exceptionally heavy traffic on the Santa Ana Freeway on this date. I called in my impending lateness to the academy staff prior to opening line up.

In the future, I will take measures to ensure that this does not occur again.

I thank you in advance for your consideration in this matter.

ROUTING: CADET CAPTAIN _____ CADET B/C _____

REPLY SECTION

REQUEST IS: APPROVED DENIED Request denied for the following reasons: _____

OFFICE USE ONLY BELOW THIS LINE

ABSENCES TO DATE: _____ MEETING ACADEMIC STANDARDS: _____

INSTRUCTORS: _____

MAKE-UP POSSIBLE: _____ INSTRUCTOR APPROVAL: _____



FIRE ACADEMY STUDENT INJURY REPORT

Instructions: In the event of an accident or injury involving a student, complete this form immediately and send it the Student Health Office.

Name of Class: _____ Class Number: _____

Date: _____ Time of Report: _____
Date information documented

Injured Person: _____ Home Phone: _____
Last Name First Name M.I.

Address: _____ Age: _____
City State Zip Soc. Sec. No.: _____

Date of Injury: _____ Time of Injury: _____

Location Where Injury Occurred: _____

Details of activity attributable to injury (Use additional sheets of paper if necessary): _____

Names and Address of Witnesses or Co-Participants

1. _____

2. _____

Name of Person in Charge of Class or Activity Name of Person Injury was Reported to

Fill in the information below if applicable.

Treatment administered by: Doctor Nurse Date: _____

Name of Attending Physician Address Telephone

Name of Ambulance Company

Name of Hospital Address Telephone

Name of Employer Address Telephone

Employer Notified: Yes No By Whom? _____ To Whom? _____

Date: _____ Time: _____

I understand that I must file an injury report with my employing fire department. If not employed, I understand that a copy of this report will be filed with the school nurse, and in case property damage, a report will be filed with the RHC Director of Maintenance. * I understand and will comply with the provisions of Cadet Policy that apply towards medical restriction and evaluation involving duty status.

Signature of injured or person making report

NOTICE OF RESIGNATION

DATE: _____

TO: Tracy E. Rickman
Fire Technology Coordinator

FROM: _____

Cadet, Class No. _____

SUBJECT: Resignation from Fire Academy

I hereby resign from the position of Fire Academy Cadet from Class number _____,

Platoon _____, Engine Company _____.

My resignation became effective at _____ Hours on _____ Date.

I am resigning for the following reasons:

Signature

Date



INSTRUCTIONS FOR COMPLETING THIS REPORT

- Complete all sections of this report.
- File it immediately with Facilities Services, Room MT102. If you cannot visit the Facilities Services Office and the situation is urgent, call extension 3441 from on campus or 562-908-3441 off campus.
- In all cases of theft, major vandalism, disputes between individuals, etc. security will call the local Sheriff's Department at 562.949-2421.

PLEASE CHECK THE APPROPRIATE BOX OR BOXES:

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Accident / Injury | <input type="checkbox"/> Fire | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Damage | <input type="checkbox"/> Theft | <input type="checkbox"/> Other (Please Describe) |

NAME OF PERSON FILING THIS REPORT (Victim):

Name _____ Signature _____
(Please Print)

Address _____ Phone No. _____

Date Report Filed _____ Time _____ Student No. (if applicable) _____

BRIEF DESCRIPTION OF OCCURRENCE: Where applicable, list times, give approximate value, description of item lost or stolen, etc. For vehicles, list license number, make, and mode. If more space is needed, use the reverse side of this form.

Location of Loss _____ Date of Loss _____ Time _____

BRIEF DESCRIPTION: _____

Cause of Loss (if applicable) _____

NOTIFICATION

College Office Notified _____ Date _____ Time _____

Civil Agency Notified (Sheriff / Fire Dept.) _____ Date _____ Time _____ Police Report No. _____

Signature of College Employee Accepting Report _____ Office / Department _____

Note to College Employees:
Injury to college employees during course of work MUST be reported to the Office of Human Resources

