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

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                              10. ☐ OTHER
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        __________________________________________________________________________

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: ___________________________
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: ____________________________
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 COMMUNITY COLLEGE DISTRICT
Department of Public Safety – Fire Technology

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: __________________________
FROM: ________________________
ENGINE COMPANY: _____________
PLATOON: _____________________
CLASS NUMBER: ________________

SUBJECT OF MEMO:

ROUTING: CADET CAPTAIN ________________ CADET B/C ________________

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: __________________________

RHC – Fire Academy Policy & Procedures Manual

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2005
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: ____________________________________________ | CADET SIGNATURE: __________________ |
| INSTRUCTOR: ________________________________________________________________ | INSTRUCTORS SIGNATURE: __________________ |
| MAKE UP ASSIGNMENT: ________________________________________________________ |
| DATE COMPLETE: ___________________________  CADET SIGNATURE: __________________ |

| TIME: _______ TO _______  SUBJECT: ____________________________________________ | CADET SIGNATURE: __________________ |
| INSTRUCTOR: ________________________________________________________________ | INSTRUCTORS SIGNATURE: __________________ |
| MAKE UP ASSIGNMENT: ________________________________________________________ |
| DATE COMPLETE: ___________________________  CADET SIGNATURE: __________________ |

| TIME: _______ TO _______  SUBJECT: ____________________________________________ | CADET SIGNATURE: __________________ |
| INSTRUCTOR: ________________________________________________________________ | INSTRUCTORS SIGNATURE: __________________ |
| MAKE UP ASSIGNMENT: ________________________________________________________ |
| DATE COMPLETE: ___________________________  CADET SIGNATURE: __________________ |

| TIME: _______ TO _______  SUBJECT: ____________________________________________ | CADET SIGNATURE: __________________ |
| INSTRUCTOR: ________________________________________________________________ | INSTRUCTORS SIGNATURE: __________________ |
| MAKE UP ASSIGNMENT: ________________________________________________________ |
| DATE COMPLETE: ___________________________  CADET SIGNATURE: __________________ |

ROUTING

CADET CAPTAIN: ___________________  CADET B/C: ___________________  DRILLMASTER: ___________________
ASSIGNMENT MAKE-UP FORM

NAME: Joe Does

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

<table>
<thead>
<tr>
<th>TIME</th>
<th>SUBJECT</th>
<th>INSTRUCTOR</th>
<th>MAKE UP ASSIGNMENT</th>
<th>DATE COMPLETE</th>
<th>CADET SIGNATURE</th>
<th>INSTRUCTORS SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 TO 1200</td>
<td>EMT</td>
<td>Captain/Paramedic A. Grzywa</td>
<td>No make up assigned.</td>
<td>N/A</td>
<td>Joe Does</td>
<td></td>
</tr>
<tr>
<td>1230 TO 1530</td>
<td>Hose - Module 4</td>
<td>Captain R. Contreras</td>
<td>Draw diagrams of reverse lays.</td>
<td>02/02/05</td>
<td>Joe Does</td>
<td></td>
</tr>
</tbody>
</table>

ROUTING

CADET CAPTAIN: ________________  CADET B/C: ________________  DRILLMASTER: ________________
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: ________________________________
ASSIGNMENT MAKE-UP FORM

NAME: ________________________ Joe Does ________________________ ☑ PRE-SERVICE ☐ IN-SERVICE / SPONSORED AGENCY: ____________________

DATE ABSENT: ___________ January 4, 2005 ___________ HOURS MISSED: FROM ___________ 0730 ___________ TO ___________ 0731 ___________ TOTAL HRS. MISSED: ___________ 1 min. ______

REASON: ________________________ Late due to traffic. ________________________

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: ________________________
TO: Captain Norm Scott, Sr. Drill Master
FROM: Joe Does, Cadet
DATE OF MEMO: January 24, 2005
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.

I respect fully 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.

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: ___________________________ Joe Does ___________________________

☐ PRE-SERVICE
☐ IN-SERVICE / SPONSORED AGENCY: ______________________________

DATE ABSENT: ________________ January 23, 2005 ______ HOURS MISSED: FROM ________________ 1850 TO ________________ 1851 ______ TOTAL HRS. MISSED: 1 min.

REASON: ____________________________ Late due to traffic.

SUBJECT MATTER BREAKDOWN

TIME: ________________ 1850 TO ________________ 1851 ______ SUBJECT: Station, Grounds, & Equipment Maintenance Operations

INSTRUCTOR: ________________________________________________ Captain N. Scott

MAKE UP ASSIGNMENT: ____________________________ 500 word essay on punctuality in the Fire Service.

DATE COMPLETE: ____________________________ January 26, 2005 ______ 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: ____________________________

Revised: January 2002
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: ____________________________________________________________________________

Injured Person:
Last Name  First Name  M.I.

Address: ____________________________________________________________

City  State  Zip

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

White: Department of Public Safety  Canary: Copy to Employer or School  Pink: School Nurse
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:

☐ Accident / Injury  ☐ Fire  ☐ Vandalism
☐ Damage  ☐ Theft  ☐ 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