



SANTA CLARA COUNTY FIRE CHIEFS ASSOCIATION

OFFICIAL POLICY TRACKING SHEET

ORIGINATING SECTION:

- | | | |
|--|---|--|
| <input type="checkbox"/> COUNTY CHIEFS | <input type="checkbox"/> EMS | <input type="checkbox"/> COUNTY OVERHEAD |
| <input type="checkbox"/> OPS | <input type="checkbox"/> FIRE PREVENTION | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> TRAINING | <input type="checkbox"/> HAZ/MAT RESPONDERS | |
| <input type="checkbox"/> SAFETY | <input type="checkbox"/> TECHNICAL RESCUE | |

REQUIRED COORDINATION:

- | | | |
|--|---|--|
| <input type="checkbox"/> COUNTY CHIEFS | <input type="checkbox"/> EMS | <input type="checkbox"/> COUNTY OVERHEAD |
| <input type="checkbox"/> OPS | <input type="checkbox"/> FIRE PREVENTION | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> TRAINING | <input type="checkbox"/> HAZ MAT RESPONDERS | |
| <input type="checkbox"/> SAFETY | <input type="checkbox"/> TECHNICAL RESCUE | |

SUBJECT: _____
DATE: _____
AUTHOR: _____
TIME LINE: _____

SECTION REVIEW AND APPROVAL

SIGNATURE

- | | |
|---|-------|
| <input type="checkbox"/> OPERATIONS SECTION | _____ |
| <input type="checkbox"/> TRAINING SECTION | _____ |
| <input type="checkbox"/> SAFETY SECTION | _____ |
| <input type="checkbox"/> EMS SECTION REVIEW | _____ |
| <input type="checkbox"/> FIRE PREVENTION SECTION | _____ |
| <input type="checkbox"/> HAZ/MAT SECTION | _____ |
| <input type="checkbox"/> TECHNICAL RESCUE SECTION | _____ |
| <input type="checkbox"/> COUNTY OVERHEAD SECTION | _____ |

- | | |
|---|-------|
| <input type="checkbox"/> TRAINING PLAN IMPLEMENTED | |
| <input type="checkbox"/> IMPLEMENTATION DATE | _____ |
| <input type="checkbox"/> DOCUMENT POSTED | _____ |
| <input type="checkbox"/> DUPLICATION, DISTRIBUTION ASSIGNED TO: | _____ |
| <input type="checkbox"/> DEPARTMENTAL DISTRIBUTION | _____ |
| <input type="checkbox"/> ORIGINAL RETURNED TO ORIGINATING SECTION | |

SIGNATURE

- | | |
|--|-------|
| <input type="checkbox"/> FINAL REVIEW AND APPROVAL BY COUNTY CHIEFS | _____ |
|--|-------|