

HARDYSTON TOWNSHIP FIRST AID SQUAD

BOX 129

STOCKHOLM, NEW JERSEY 07460

PHONE: (973) 697- 7282/FAX (973)697-0381

LOSAP POINT SHEET

NAME: _____ DATE: _____

1) DUTY		
a) WEEKLY	50 pts	
b) COVERING*	10 pts	
c) COVERED/MISSED*	-10 pts	
2) MONTHLY MEETINGS	5 pts	
3) MANDATORY TRAINING (CPR, AED, etc)	100 pts/year	
4) SQUAD EDUCATIONAL MEETINGS	5 pts	
5) OUTSIDE TRAINING	5 pts	
6) INSTRUCTOR	5 pts/2 hrs	
7) DRILLS	5 pts/2 hrs	
8) SQUAD ACTIVITIES		
a) WORK DETAILS	5 pts	
b) SANTIIONED ACTIVITIES (Hardyston Day, town meetings, District meetings, Convention, Fund raisers, pre-arranged mutual aid coverage, transports)	5 pts	
9) OFFICERS & COMMITTEES	5 pts/month	

***COVERING, COVERED, & MISSED DUTY TIMES MUST INCLUDE**

Date _____	Time _____	Covered For./By _____	Missed Y/N _____
Date _____	Time _____	Covered For./By _____	Missed Y/N _____
Date _____	Time _____	Covered For./By _____	Missed Y/N _____
Date _____	Time _____	Covered For./By _____	Missed Y/N _____
Date _____	Time _____	Covered For./By _____	Missed Y/N _____
Date _____	Time _____	Covered For./By _____	Missed Y/N _____
Date _____	Time _____	Covered For./By _____	Missed Y/N _____

MEMBER SIGNATURE _____

OFFICER APPROVAL _____ Pts Received _____

**IT IS EACH MEMBER'S RESPONSIBILITY TO COMPLETE THIS FORM AND
TURN IT IN TO THE SERVICE SECRETARY BY THE MONTHLY MEETING**