

NYS AFC REGIONAL HANDS-ON TRAINING



FLASHOVER HANDS-ON TRAINING

Hosted by West Corners Fire Department

July 12-14, 2013

Thankfully, you've never experienced a flashover. It is said that if you're more than five feet from the doorway, your chance of survival in a flashover is minimal. Working in this Hands-On Training Session, you'll experience fire development from the incipient stage all the way to flashover. You'll be able to identify the signs of the event before you're part of the flashover. If you've never been in a flashover simulator, this program staffed by America's most seasoned instructors with years of experience teaching with a simulator is a must.

Flashover Hands-On Session & Lecture: \$85/per NYS AFC Member • \$105/per Non-Member

Lecture Only: \$10/per student

**Student must complete the Lecture portion of this program prior to participating in the Flashover Hands-On Training Session.*

Student must be an Individual NYS AFC Member or student's fire department must be a NYS AFC Department Member for discounted rate.

Student Prerequisites: Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must provide a signed "Authorization Letter" from the chief of his/her department (a sample letter will be provided with student's registration confirmation). Student **must** complete Lecture portion of this program before participating in the Flashover Hands-On Training Session.

PPE Requirements: Turnout coats and helmets will be provided to avoid heat and smoke damage to students' department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

WEST CORNERS F.D. REGIONAL HANDS-ON TRAINING STUDENT REGISTRATION FORM

Student's Information *(Use one form per student)*

Name: _____ Title: _____
Department/Organization: _____ NYS AFC Member #: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____
Daytime Phone: () _____ Evening Phone: () _____

Lecture

July 12, 2013 (7:00 p.m.) – Location: West Corners Fire Department • 500 Day Hollow Road • Endicott, NY 13760

**Student must complete the Lecture portion of this program prior to participating in the Flashover Hands-On Training Session.*

Hands-On Training Sessions

Select one. **Each session limited to 10 students.** Location: Glencott Technology Park • 201 Glendale Dr. • Endicott, NY 13760

- | | |
|--|--|
| <input type="checkbox"/> July 13: 9:00 - 11:00 a.m. | <input type="checkbox"/> July 14: 9:00 - 11:00 a.m. |
| <input type="checkbox"/> July 13: 11:00 a.m. - 1:00 p.m. | <input type="checkbox"/> July 14: 11:00 a.m. - 1:00 p.m. |
| <input type="checkbox"/> July 13: 1:00 - 3:00 p.m. | <input type="checkbox"/> July 14: 1:00 - 3:00 p.m. |

Payment *(Must submit payment with form)*

Total Amount Due: \$ _____ Method of Payment: Check Voucher AMEX Discover MC Visa
Card #: _____ Expiration Date: _____ / _____ CVN #: _____
Name on Account: _____ Billing Address: _____
City: _____ State: _____ Zip Code: _____

Return form to New York State Association of Fire Chiefs, with payment, by July 8, 2013:

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063 • Fax: (518) 477-4430 • Phone: (800) 676-FIRE

TO: NYS Association of Fire Chiefs
FROM: Chief _____
(PLEASE PRINT)
RE: Regional Hands-On Training
DATE: _____
(TODAY'S DATE)

Let it be known that I am aware that _____ has signed up for and been accepted to take the *Regional Hands on Training*, held in Corning and Monticello, pending the return of this letter to the NYS Association of Fire Chiefs official registration company, signed and dated, giving my approval for said firefighter to participate in this course.

Please check the appropriate Hands-On Training Session being attended.

- West Corners F.D. /Broome County, July 13, 2013
- West Corners F.D. /Broome County, July 14, 2013

NYSAFC Regional Hands-on Training
New York State Association of Fire Chiefs
1670 Columbia Turnpike
P.O. Box 328
East Schodack, NY 12063-0328
Fax: 518-477-4430

The aforementioned firefighter meets or exceeds the course prerequisites for the station(s) that he/she has registered to attend. This firefighter is also an active member in good standing with this department and covered by the departments Workers Compensation/VFBL during all times of the training. I understand that this training will contain certain evolutions that simulate and create actual firefighting and **rescue conditions**. Additionally, I attest that said firefighter has been deemed physically fit and capable of performing the functions of an interior firefighter by a medical doctor in the state of New York in accordance with the regulations set forth regarding firefighter health and safety standards in the state of New York. Finally, this firefighter's personal protective equipment that has been assigned either meets or exceeds all OSHA specifications and standards, including SCBA Fit Test. **NOTE:** No participants with facial hair impairing the use of SCBA will be allowed to participate in accordance with 29 C.F.R. Part 1910.134. If you have any questions please feel free to call me at (_____) _____ - _____.

Sincerely,
_____, Chief
(Please sign)

(Date)

Chiefs letter must be returned at least two days prior to lecture. If no letter is received you will not be able to participate in the live fire portion of the program.