

**Building Construction – Non Combustible (BCN), 16 Hours**



# YORK COUNTY FIRE SCHOOL

*"A part of the Fire Chiefs and Firefighters Association of York County"*

**330 Emig Road**

**York, Pennsylvania 17406**

**Phone: (717) 767-4097, Fax: (717) 764-3243**

**www.yorkcountyyfireschool.org**

**Course Title:** Prin. of Building Const. – Non Combustible, **SFA Course Code:** BCN, **Length of Course:** 16 Hrs

**Prerequisites:** Essentials of Fire Fighting or Introduction to the Fire Service, or Equivalent

**Referenced Texts:** NFPA 1500; NFPA 1561; NFPA 220

**Description of Course:** The failure of a building or building components under fire conditions is a leading cause of fire fighter death and injury. The ability to recognize and locate relevant information about a building before a fire, and to "read" a building during the course of a fire incident, are essential survival skills. This course gives the student the ability to accomplish these tasks when confronted with a building of fire-resistant or non-combustible construction. A homework assignment **MUST** be completed to pass the course.

**Dates:** January 17<sup>th</sup> & 24<sup>th</sup>; 1830 – 2230 & 27<sup>th</sup>, 2019; 0800 – 1700

**Instructor:** Bob Sells

**Cost: \$40** (waived if training subscription was purchased)

## **REGISTRATION INFORMATION**

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_ County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ @ \_\_\_\_\_.

(Student Contact Information)

## **CHIEF'S AUTHORIZATION**

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of Authorizing Person: \_\_\_\_\_

PRINT YOUR NAME

**Note: By authorizing this class, you are authorizing the Fire School to bill your organization for No Shows. No Shows are: students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class; which will subject the organization to be charged for the cost of the class (Not covered under subscription). The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members' attendance at future classes.**

Chief or Training Officer's Email: \_\_\_\_\_

(E-mail address is for class confirmation /cancellation notification purposes only **REQUIRED**)

Please email to [Registration@vcfs.us](mailto:Registration@vcfs.us). It can also be mailed or faxed to the address or number listed above.

**PLEASE PRINT CLEARLY.** Thank you.