

# Fire Inspector 1 – ProBoard Certification, 40 hours



# YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountfireschool.org](http://www.yorkcountfireschool.org)

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

**Course Title:** Fire Inspector 1 ProBoard Certification, **Length of Course:** 40 Hours

☛ **Prerequisites:** 18 years of Age, Haz-Mat Awareness (NFPA 472), & General Knowledge of Fire Safety

☛ **Referenced Texts:** IFSTA Fire Inspections & Code Enforcement, 7<sup>th</sup> Edition & access to either NFPA or ICC codes

☛ **Description of Course:** This is an entry level course for fire fighters or new inspectors wanting to be a fire prevention inspector. Topics covered in this course include: Building construction, decorative materials and furnishings, fire drills, inspection procedures, code enforcement, fire alarm systems, and communications. Successful completion of this program requires practical skill demonstration and a written, multiple choice examination. The Fire Inspector I course requires students have a high degree of motivation, as significant work is required outside of the classroom. (ProBoard Certification)

**Laptop computer recommended.**

**Dates:** (June 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup> & 29<sup>th</sup>, 2018; 08:00 – 17:00)

**Instructor:** Bob Hershman

**Exam Fee: \$250.00 or \$100 for students that have BUCKS Silver or Gold Membership**

## 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. Students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. 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.**

E-mail address OR phone # for confirmation / class cancellation notification purposes only **(REQUIRED):**

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

**(Chief or Training Officer Contact Information Only)**

**Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.**