

Haz-Mat Awareness (RIHM) 4 hours



YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

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

Course Title: Haz-Mat First Responder Awareness, **SFA Course Code:** NFA RIHM **Length of Course:** 4 Hours

☛ **Referenced Texts:** IAFC "Hazardous Materials Awareness and Operations"

☛ **Description of Course:** Four tasks have been identified as part of a process for analyzing the hazardous material problem. The course focuses on the first four tasks in this process: (1.) Detecting the presence of hazardous materials, (2.) Initiating command and control activities, (3.) Surveying the hazardous material incident; and (4.) Collecting and interpreting hazard and response information.

Dates: (April 24th, 2018; 18:30 – 22:30)

Instructor: Larry Curry

Class Fee: \$15.00 (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. 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.