

**Haz-Mat Operations (NFPA 472) 24 hours**



**YORK COUNTY FIRE SCHOOL**

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

330 Emig Road

York, Pennsylvania 17406

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

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

**Course Title:** Haz-Mat First Responder Operations, **SFA Course Code:** NFPA 472, **Length of Course:** 24 Hours

**Prerequisites:** Students must be capable of reading and writing in the English language at least an 8<sup>th</sup> grade level, and have Haz-Mat Awareness, Minimum Age: 16

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

**Description of Course:** This course is intended to provide the student with the knowledge and skills required at the First Responder/Operations level of hazardous materials response. This course consists of both Classroom and Hands on Training (Lab) where the student will participate in various techniques to control a Haz-Mat Situation.

**Dates:** (October 22<sup>nd</sup> & 24<sup>th</sup>; 18:30 – 22:30, & 28<sup>th</sup> & November 3<sup>rd</sup>, 2018; 08:00 – 17:00)

**Instructor:** Larry Curry

**Class Fee: \$75** (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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

(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.