

Interior Firefighter (ELIF), 60 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.yorkcountymfireschool.org

Course Title: Interior Firefighter, **SFA Course Code:** ELIF, **Length of Course:** 60 Hrs

Prerequisites: Exterior Firefighter (ELEF), or HACC Module C (must provide certificate first day of class)

Minimum age of 18 at start of class.

Referenced Texts: Firefighter's Handbook, Second Edition

Course Goal: To introduce entry level firefighters to the basic knowledge, skills, and abilities as they relate to interior fireground operations.

Description of Course: This course is designed to introduce new firefighters to interior fireground operation including nozzles and streams, SCBA, rescue, ventilation, fire suppression, salvage, and firefighter survival. This is the fourth of four courses in the curriculum.

Dates: October 7th, 9th, 14th, 16th, 21st, 23rd, 25th; (08:00 - 16:30), 28th, 30th, November 1st; (08:00 -16:30), 4th, 6th, & 8th; (08:00 -16:30) All evening classes are from 18:30 - 22:30 **Instructor:** Neil Gunnet

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

Student Name: _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____

City: _____ State: _____ Zip: _____

_____ @ _____ () _____ - _____

(Student's Email Address)

(Student's Phone #)

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 that 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: _____

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

Phone Number (_____) _____ - _____ or _____ @ _____.

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

Thank you.