

# Interior Firefighter & Structural Burn (ELIF+SBS) 56 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:** Interior FF & Structural Burn, **SFA Course Code:** ELIF & SBS, **Length of Course:** 56 Hrs

**Prerequisites:** Exterior Firefighter (ELEF), *Haz-Mat Ops.*, **Minimum age of 18 at start of class.**

**Referenced Texts:** IFSTA 6<sup>th</sup> Edition - **Additional Charge: \$64.00**

**Description of Course:** This course is designed to introduce new firefighters to interior fire ground operations, SCBA, search & rescue, ventilation techniques, fire suppression, salvage, protective systems, and firefighter survival. This is the fourth of five courses in the curriculum. This course will also include fire attack techniques, using safe firefighting practices in a Live Fire environment.

### **Turnout Gear & SCBA REQUIRED For Every Class**

**Dates:** (November 7<sup>th</sup>; 18:30 – 22:30, 10<sup>th</sup> & 11<sup>th</sup>; 08:00 – 17:00, 14<sup>th</sup>; 18:30 – 22:30, 17<sup>th</sup>; 08:00 – 17:00, 20<sup>th</sup> & 21<sup>st</sup>; 18:30 – 22:30, 24<sup>th</sup> & 25<sup>th</sup>, 2018; 08:00 – 17:00) **Instructor:** John Livingston

**Cost: \$200.00** (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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 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.