

## Rapid Intervention Team 2 (RIT-2) 16 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:** Rapid Intervention Team 2 **SFA Course Code:** RIT-2 **Length of Course:** 16 Hours

☛ **Prerequisites:** Essentials of Firefighting or Interior Firefighter or FF 1, Minimum Age: 18

☛ **Referenced Texts:** NFPA 1500 and 1561; SOGs from various fire departments

☛ **Description of Course:** This program is designed to build on the concepts covered in the Rapid Intervention Team Operations I program and to give personnel the knowledge, skills and abilities to deal with more complex situations involving Rapid Intervention Teams (RIT) operations. Topics covered include: Advanced concepts in RIT, managing the RIT portion of a mayday incident, considerations for commercial, industrial and multiple residential occupancies, dealing with entrapment and entanglement situations, heavy lift operations, extended operations involving multiple teams, and packaging / removal of downed firefighters. Concepts are presented using focused practical / skill sessions and integrated exercises.

**Dates:** (November 7<sup>th</sup> & 9<sup>th</sup>; 18:30 – 22:30 & 11<sup>th</sup>, 2017; 08:00 – 17:00)

**Instructor:** Dustin Poist

**Cost: \$90.00** (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.