

**Structural Burn Session Refresher (SBSR) 8 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:** Structural Burn Session Refresher, **SFA Course Code:** SBSR, **Length of Course:** 8 Hrs

**Prerequisites:** Minimum age of 18 at the start of the first class, EBM or ELIF

**Referenced Texts:** Current Edition of IFSTA *Essentials* And NFPA 1403, PSFA Live Burn Policy

**Description of Course:** This refresher course will provide a review of fire attack, search and rescue, and ventilation techniques used in safe firefighting practices in a **Live Fire** environment. *Information, terminology, strategies and tactics from the new PSFA Fire Dynamics programs will be included.* Burn day evolutions will include "hot" run-ins with multiple crews "going to work" doing fire attack, search and rescue, and ventilation with emphasis placed on safe and effective fire ground operations.

**Turnout Gear, SCBA, Pants & Long Sleeve Shirt REQUIRED For Class**

**Dates:** (April 7<sup>th</sup>, 2018; 08:00 – 17:00)

**Instructor:** Will Shaver

**Class Fee: \$50.00** (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.