



YORK COUNTY FIRE SCHOOL

Company Level Training

Instructor Assignments

(No one under the age of 18 is allowed to participate in Live Fire/Smoke Evolutions)

Course/Program: _____ Date: _____

Fire Company: _____

ALL Company level Instructors shall meet or exceed the criteria listed below and will be serving at the discretion of the department or agency hosting the training program. It is the responsibility of the host agency to provide for, or ensure that, proper and adequate insurance coverage for those instructors is provided regardless or not of membership in the host agency.

Position	Name	Training Requirements
Company Lead Instructor Certified State Instructor (preferred) Certified FF I & FF II (preferred)		8 yrs Experience, Essentials of Firefighting or equivalent, SBS, NFA Incident Safety Officer or equivalent, YCFS NFA 1403 Orientation class
Company Safety Officer		5 Yrs Experience, Must meet the same training requirements as the Company Lead Instructor
Assistant Instructor		5 Yrs Experience, Essentials of Firefighting or equivalent, SBS, YCFS NFA 1403 Orientation class Certified FF I (preferred, but not required) NFA Incident Safety Officer or equivalent (preferred, but not required)
Assistant Instructor		
Assistant Instructor		
Assistant Instructor		
Assistant Instructor		
Medical Coverage and Rehab		Certified EMT and/or Paramedic
Medical Coverage and Rehab		

DEPARTMENT AUTHORIZATION TO INSTRUCT COMPANY LEVEL TRAINING

As **Chief Officer/Training Officer** of the _____ Fire Department/Company, I hereby authorize that the members listed above have met the minimum training requirements as required for their respective positions as outlined in the York County Fire School's Structural Burn Building Usage Manual. I also authorize that all members listed above are considered by my departments standards to be physically and emotionally fit to perform firefighting evolutions without special considerations. The York County Fire School reserves the right to request copies of all required certification and/or training for any or all Company Level Training Instructors listed above.

Chief Officer/Training Officer's Name:
(please print) _____

Chief Officer/Training Officer's Signature; _____

Date: / /