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

Course Title: Interior FF & Structural Burn SFA Course Code: ELIF & SBS Length of Course: 56 Hrs

- Prerequisites: Exterior Firefighter (ELEF), <u>Haz-Mat Ops</u>, Minimum age of 18 at start of class.
- **Referenced Texts**: IFSTA 6th Edition **Additional Charge**
- **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

<u>Dates:</u> November 6th; 1830 – 2230, 9th & 10th; 0800 – 1700, 13th; 1830 – 2230, 16th; 0800 – 1700, 19th & 20th; 1830 – 2230, 23rd & 24th, 2019; 0800 – 1700

<u>Instructor:</u> John Livingston

<u>Cost:</u> \$396 (waived if training subscription was purchased)

| REGISTRATION INFORMATION | | | |
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| Sponsoring Organization: | Sta. No | County: | |
| Student Name: | Da | Date of Birth/ Age | |
| Home Address: | | | |
| City: | State: | Zip: | |
| Phone Number () | or Email | | |
| (Student Cont | act Information- <mark>All areas MUST be fille</mark> | ed out!) | |
| CHIEF'S AUTHORIZATION | | | |
| In authorizing a student to attend any York County Fi | re School-sponsored course, the Chief and/or School-sponsored course, the Chief and Ch | upervisor certifies that the student: | |
| 1. Meets the qualifications for attendance, incl | luding all necessary prerequisites. | | |
| 2. Does not have any physical and/or other con | nditions which would prevent them from activel | ly participating in all portions of the course | |
| 3. The student is covered by Worker's Compe | nsation Insurance and your organization has Lia | ability Insurance. | |
| Signature of Authorizing Person: | | | |
| | | | |
| | PRINT YOUR NAME | | |
| Note: By authorizing this class, you are at Shows are: students failing to give 72 hou | · · | O | |

which will subject the organization to be charged for the cost of the class (Not covered under subscription). 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.

Chief or Training Officer's Email:

E-mail address is for class confirmation /cancellation notification purposes only (*REQUIRED*)

Please email to Registration@ycfs.us. It can also be mailed or faxed to the address or number listed above.

PLEASE PRINT CLEARLY, if we can't read your email, you won't receive our confirmation email. If you don't receive a confirmation email within 2 business days of registering, please email John@ycfs.us. Thank you.