

Virginia Department of Fire Programs Training Request/Course Completion Form

VDFP USE ONLY
SCHOOL NUMBER

This form must be used to request training from the VA Dept. of Fire Programs. Complete SECTION A to request training and submit (one) copy to the appropriate Division Office. Once the request has been processed, a copy will be mailed to you. Also, make sure the lead instructor is given a copy. A TRAINING REQUEST MUST BE APPROVED PRIOR TO A SCHOOL. After the training class is completed, the lead instructor will fill out Section B and return it with other school paperwork.

SECTION A (REQUEST FOR TRAINING)

Check Type of School:

NON-FUNDED

FUNDED Partial Funding

REIMBURSABLE

REIMBURSABLE SCHOOL REQUESTS MUST BE ACCOMPANIED BY A LETTER OF INTENT TO PAY ALL INCURRED SCHOOL COSTS

The Dunn Loring Volunteer Fire Dept of Dunn Loring, VA
(Fire Department, Agency, Brigade) (City, Town, County)

wishes to establish a class in Firefighter I
at 2148 Gallows Rd, Dunn Loring, VA 22127
(Location where training will be held)

Funded School information will be listed in the VDFP Website. Would you like your non-funded school listed on the VDFP Website. YES NO

Proposed Start Date: July 1 '10 Proposed End Date: _____ Number of Students: 16
Estimated Number of Training Hours: _____

Keith Edgeman 3018 Sugar Lane
Name of Person Initiating Request (Print Clearly) Street Address
Vienna, VA 22181 301-219-8205
City, State, and ZIP Day Time Telephone Number

INSTRUCTOR SECTION ON REVERSE SIDE MUST BE FILLED OUT.

VDFP USE ONLY

TRAINING APPROVED TRAINING DENIED _____
(REASON FOR DENIAL)

VDFP Division Chief Signature Date

SECTION B (COURSE COMPLETION INFORMATION, TO BE FILLED OUT BY LEAD INSTRUCTOR)

Actual School Date (If Different from request) Start : July 1, 2010 End: _____
Total Number Training Hours (If different from request): _____
Total Number of Students Attending Training: 16

Enrollment: Number of Career Male: _____ Number of Volunteer Male: 15
Number of Career Female: _____ Number of Volunteer Female: 1

SECTION B CONTINUED ON REVERSE SIDE

SECTION B (COURSE COMPLETION INFORMATION CONTINUED)
 (USE SUPPLEMENTAL FORM IF NECESSARY)

Departments / Agencies Participating	FDID	City or County	Number of Students
Dunn Loring Vol Fire Dept	8500	Dunn Loring, VA	16

INSTRUCTOR INFORMATION REQUIRED FOR BOTH SECTIONS A & B
 (USE SUPPLEMENTAL FORM IF NECESSARY)

List Participating Instructor Names and Social Security Number	Number of Hours and Topic Scheduled to Teach	ACTUAL HOURS REQUIRED FOR SECTION B ONLY
		List Actual Number of Hours and Topic Taught
Keith Edgeman	Orientation, Safety, PPE + SCBA, Fire Behavior, Building Construction Search + Rescue, Forcible Entry, Fire Extinguishers, Ground Ladders, Ventilation, Ropes + Knots, Water Supply, Fire Hose, Fire Streams, Fire Control, Fire Detection Systems, Loss Control Scene Protection, Mayday Final Burn, Written Test, Skills Test, Basic Medical	134 138

VDFP USE ONLY

 VDFP Division Chief Signature and Date

Virginia Department of Fire Programs

Course Completion Form Supplemental (Section "B")

INSTRUCTOR INFORMATION REQUIRED (Section "B")		
		ACTUAL HOURS REQUIRED FOR SECTION "B" ONLY
List Participating Instructor Names	Number of Hours and Topic Scheduled to Teach	List Actual Numbers of Hours Taught and The Topic Taught
Greg Zebrowski	PPE + SCBA, Search + Rescue Forcible Entry, Extinguishers, Ladders, Ventilation	62 66
	Ropes + Knots, Detection Systems, Loss Control, Mayday Final Burn, Skills Test	Basic Medical
Myke Van Dyke	PPE + SCBA, Search + Rescue Forcible Entry, Extinguishers, Ladders, Ventilation, Ropes	82 86
	Ropes , Water Supply, Hose Fire Streams, Fire Control Mayday, Final Burn, Skills Test	Basic Medical
Derek Rowan	PPE + SCBA, Search + Rescue, Extinguishers, Ladders, Ventilation, Ropes + Knots,	82 86
	Water supply, Hose, Streams, Fire Control, Communications Mayday, Final Burn, Skills Test, Basic Medical	
Scott Keener	PPE + SCBA search + Rescue, Mayday Extinguishers, Ladders, Vent Hose, Streams, Fire Control, Comms Skills Test	70
Gry Sandvik	PPE + SCBA, Ventilation, Fire Hose, Streams, Fire Control, Final Burn, Skill Testing	45
Joe Peralis	Final Burn	8
John Morrison		8
Steve Willey		8
Mark Servello	skills Testing	12

Virginia Department of Fire Programs
Firefighter I - Suggested Course Schedule

Page 1 of 3
 Course Name: Firefighter I

Course Number: _____

Date of Training	Day of Week	Code	Subject	Type of Class (Classroom / Skill)	Time (Start / End)	Total Hours	Instructor(s)
7/1/10	Thurs	UA1	Firefighter I - Orientation	CR	1900-2300	4	Edgeman
7/2/10	Fri	UB1	" " Safety	CR	1900-2300	4	Edgeman
7/3/10	Sat	UF1	PPE + SCBA	CR	0800-1200	4	Edgeman
7/3/10	Sat	J	PPE + SCBA	Skill	1300-1700	4	Edgeman, Zebrowski, Keener
7/4/10	Sun	J	PPE + SCBA	Skill	0800-1700	8	Van Dyke, Keener, Rowan, Sandvik
7/6/10	Tues	UD1	Fire Behavior	CR	1900-2300	4	Edgeman
7/8/10	Thurs	UI1	Building Construction	CR	1900-2300	4	Edgeman
7/10/10	Sat	UG1	Search + Rescue	CR	0800-1100	3	Edgeman
7/10/10	Sat	J	Search + Rescue	Skill	1200-1700	5	Edgeman, Zebrowski, Van Dyke, Rowan, Keener
7/11/10	Sun	UJ1	Forcible Entry	CR	0800-1200	4	Edgeman
7/11/10	Sun	J	Forcible Entry	Skill	1300-1700	4	Edgeman, Zebrowski, Van Dyke
7/13/10	Tues	UT1	Fire Extinguishers	CR	1900-2300	4	Edgeman, Zebrowski, Rowan
7/15/10	Thurs	UK1	Ground Ladders	CR	1900-2200	3	Edgeman
7/17/10	Sat	UK1	Ground Ladders	Skill	0800-1800	9	Edgeman, Zebrowski, Rowan, Van Dyke, Keener
7/18/10	Sun	UL1	Ventilation	CR	0800-1200	4	Edgeman

Virginia Department of Fire Programs
Firefighter I - Suggested Course Schedule

Page 2 of 3
 Course Name **Firefighter I**

Course Number:

Date of Training	Day of Week	Code	Subject	Type of Class (Classroom / Skill)	Time (Start / End)	Total Hours	Instructor(s)
7/18	Sun	UL1	Ventilation	Skill	1300/1700	4	Edgeman, Zebrowski, Rowan, Keener, Sandvik
7/20	Tues	UH1	Ropes & Knots	C/R	1900/2200	3	Edgeman
7/22	Thurs	UH1	Ropes & Knots	Skill	1900/2300	4	Edgeman, Zebrowski, Rowan
7/24	Sat	UM1	Water Supply	C/R + Skill	0800/1200	4	Edgeman, Rowan, Van Dyke
7/24	Sat	UM1	Fire Hose	C/R	1300/1700	4	Rowan
7/25	Sun	UM1	Fire Hose	Skill	0800/1700	8	Edgeman, Rowan, Keener, Sandvik, Van Dyke
7/27	Tues	UO1	Fire Streams	C/R	1700/1900	2	Edgeman
7/29	Thurs	UO1	Fire Streams	Skill	1700/2300	4	Edgeman, Rowan, Keener, Van Dyke, Sandvik
7/31	Sat	UPI	Fire Control	C/R	0800/1100	3	Van Dyke
7/31	Sat	I	Fire Control	Skill	1200/1700	5	Van Dyke, Edgeman, Rowan, Sandvik, Keener
8/1	Sun	UR1	Fire Detection Systems	C/R	0800/1100	3	Edgeman, Zebrowski
8/1	Sun	US1	Loss Control	C/R	1200/1700	5	Edgeman, Zebrowski
8/3	Tues	US3	Fire Scene Protection	C/R	1900/2100	2	Edgeman
8/5	Thurs	UC1	Communications	C/R	1900/2200	3	Rowan, Keener
8/7	Sat	OD7	Mayday Awareness	C/R	0800/1700	8	Edgeman, Zebrowski, Rowan, Keener, Van Dyke

Virginia Department of Fire Programs
Firefighter 1 - Suggested Course Schedule

Page 3 of 3

Course Number:

Date of Training	Day of Week	Code	Subject	Type of Class (Classroom / Skill)	Time (Start / End)	Total Hours	Instructor(s)
8/14	Sat	UV1	Final Burn	Skill	0800 / 1700	8	Edgemon, Zebrowski Roman, Van Dyke
							Sandvik, Keener
							Pera's, Morrison
8/12	Thur	UV1	Basic Medical Care	CR Skill	1900 / 2100	4	Wiley, Servello
8/11	Tues	UV1	Written Test	CR	0800 / 1700	2	Edgemon, Zebrowski Van Dyke, Roman
8/11	Thurs	UV1	Skill Testing	Skill	1900 / 2300	4	Edgemon
9/2/10							Edgemon, Zebrowski Roman, Van Dyke Wiley, Servello

8/31

Virginia Department of Fire Programs

NFPA 1001-08 - Firefighter Level I Page 2

School #

Location: DLVFD

Instructors: Edgeman

Date of Class (m/d)

Name: (Print Clearly - Alphabetical Order)

Eric Wilson

Last 4 SSN

0588

FDID

8520

4 Hrs Water Supply C/R & PR (UN1)	7/24	✓
4 Hrs Fire Hose C/R (UM1)	7/24	✓
8 Hrs Fire Hose PR (UM1)	7/25	✓
2 Hrs Fire Streams C/R (UO1)	7/27	✓
4 Hrs Fire Streams PR (UO3)	7/29	✓
3 Hrs Fire Control C/R (UP1)	7/31	✓
5 Hrs Fire Control PR (UP1)	7/31	✓
3 Hrs Fire Detector Systems C/R & PR (UR1)	8/1	✓
5 Hrs Loss Control C/R & PR (US1)	8/1	✓
2 Hrs Fire Scene Protection C/R (US3)	8/3	✓
3 Hrs Communicators C/R PR (UC1)	8/5	✓
4 Hrs Basic Medical Care C/R (UW1)	8/12	✓
8 Hrs Final Burn PR (UV1)	8/14	✓
8 Hrs Mayday Awareness C/R & PR (OD7)	8/17	✓
8 Hrs CPR C/R 7 PR (IAC)		
Haz. Mat. Operations (MA7)		
Pass Written Exam	8/3	✓
Practical Testing	8/2	✓

TUES
 Day
 7/6/10
 Date

Virginia Department of Fire Programs
 Daily Attendance Sheet

School No.

Course Name: Fire fighter 1
 Location: DLVFD

Subject: Fire Behavior
 Lead Instr.: Keith Edgeman

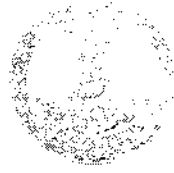
Tech. Instr.: _____
 Tech. Instr.: _____
 Tech. Instr.: _____

Tech. Instr.: _____
 Tech. Instr.: _____
 Tech. Instr.: _____

Printed Name (First MI Last)	Signature (Legible)	AM /PM	Instr. Init.
1 Eric Wilson	<i>Eric Wilson</i>	PM	Ke
2			
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Virginia Department of Fire Programs

NFPA 1001-08 FIREFIGHTER



COMMONWEALTH of VIRGINIA

Virginia Department of Fire Programs

Firefighter Level I
Notice / Acknowledgement

It is my understanding, if I do not meet the pre-course and completion requirements for this training program prior to its starting date, the Virginia Department of Fire Programs will not recognize my attendance. The candidate has reviewed the pre-course requirements listed below for this program.

Minimum age of 18 years old (or be between the ages of 16-18 with parents written permission).
Before testing; Completion of and accepted CPR program.
Before certification; Completion of an approved **Hazardous Material Operations Level** program.

I also understand that I must attend 100% of the scheduled classes and successfully complete all assignments within the training program. In the event that I may miss any portion of the training program, I understand that I will not receive credit for the session(s) missed until the **entire session** has been "made-up". Maximum make up allowed is 10% of the program.

By signing this document, I understand I must meet all of the pre-course and course requirements for this training program as identified in this document and defined by the Virginia Department of Fire Programs and/or their designated representative(s).

Eric Wilson
STUDENT'S PRINTED NAME

Eric Wilson
STUDENT'S SIGNATURE (Legible)

4/15/10
DATE

As the Instructor Trainer for this program, I have explained the material contained within this document to ensure the student understands the pre-course and course completion requirements for this program.

Keith Edgemon
INSTRUCTOR'S PRINTED NAME

Keith Edgemon
INSTRUCTOR'S SIGNATURE (Legible)

4/15/10
DATE

8/10/10
Date

School Number

Firefighter I and II Certification Training Validation

Course Name: Firefighter I

(Firefighter I -or- Firefighter II)

I certify that I have conducted a "make-up" training program for the course listed above, in accordance with the Virginia Department of Fire Programs' curriculum requirements for the training subject(s) listed below. I am currently a certified instructor with the Virginia Department of Fire Programs and have completed the Firefighter I and II "Train-the-Trainer" for NFPA's 1001 "Standards for Firefighter Professional Qualifications".

My signature represents formal validation that I provided the required classroom instruction, performance training and evaluation (if applicable), and instructor/student contact time for each of the subject(s) listed below. In addition, the training performed was consistent with the *Virginia Department of Fire Programs* and the *National Fire Protection Agency's* certification requirements for *Firefighter I and/or II*, and meets the *National Board of Fire Service Professional Qualifications* (NPQS) certification standards.

Student Name: Eric Wilson
Student SSN Last 4: 6588 D.O.B.: 6/1/93 F.D.I.D.: 8500

Date	Subject	Location	Hrs	Code	Initials
8/10	Building Construction	DLVFD	4	UII	KE

Validation:
Keith Edgemon
Instructor Name (Print)
Keith Edgemon 8/10/10
Instructor Signature Date Level

Parent/Guardian Consent Form

VDFP School #

(to be filed with VDFP Division Office prior to participating in approved VDFP training courses)

Note: All applicants age 16 or 17, must have parent or guardian signature

Please review and complete the information below. Sign your name/date with a daytime telephone number and forward this original document to the appropriate Virginia Department of Fire Programs Division Office or course coordinator prior to your son/daughter participating in any approved VDFP course. Registration for course will be denied until such time form is completed in its' entirety.

Junior Firefighter Name Eric M. Wilson Telephone: 987-654-3210

Address: 2921 Deer Hollow Way

City: Fairfax State: VA ZIP Code: 22031

Participating Fire Department: Dunn Loring Vol Fire Dept

Parent/Guardian Name(s): Darrel Wilson, hereby certify that we/ I am the parent(s) and/or lawful guardian(s) of Eric Wilson, Date of Birth 6/1/93

We/ I FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the Minor that: (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in these courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation; (b) these risks and dangers may be caused by the Minor's own actions or inaction, the actions or inaction of others participating in the training program; (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

We/ I consent to the Minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

We/ I further understand that the Virginia Department of Fire Programs furnishes qualified instructors for each course which are authorized to exercise judgment and discretion in the performance of their duties while training firefighter in the Commonwealth of Virginia to protect the lives and properties of their communities. We/ I also understand that VDFP and the approved instructors do not offer personal liability or Workers Compensation insurance on any participants involved in fire fighting training activities.

WE/ I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/ I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give our/ my permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

Darrel Wilson
Printed Name of Parent/Guardian

Darrel Wilson
Signature of Parent/Guardian

4/15/10
Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

987-654-3210
Daytime contact telephone number

Signature of Junior Firefighter: Eric Wilson

Date: 4/15/10

Printed Name of Junior Firefighter: Eric Wilson

Virginia Department of Fire Programs

Live Fire Evolution Checklist

Rev.: June 24, 2005

PERMITS/DOCUMENTS/INSURANCE

- Permission to burn building
- Proof of Clear Title
- Certificate of Insurance Cancellation
- Acknowledgement of post-burn property condition
- Local Burn Permit received
- Permission obtained to use local water source(s)
- Notification to appropriate emergency service dispatch office of date, time, and location of live fire training
- Notification to all affected agencies/departments (Police, Fire, Sheriff, VDOT, Forestry, DEQ)
- Notification made to owners for structure and adjacent properties of date, time, and location of live fire training
- Assistance for Traffic Control, training ground security
- Liability Insurance obtained covering damage to other property
- Written Evidence of **pre-requisite training** obtained from all participating students
- Written documentation of supervisory and instructional personnel on qualifications as stipulated by NEPA 1403 and the Authority Having Jurisdiction (AHJ)

PRE-BURN PLANNING

- Pre-burn planning
 - Site Plan Drawing of structure or facility
 - Floor Plan detailing all rooms and exits
 - Location of Command Post
 - Position of all apparatus
 - Position of all hose and backup lines
 - Location of Emergency escape routes
 - Location of emergency evacuation assembly area
 - Location of ingress and egress escape routes for emergency vehicles
- Available water supply determined
- Required fire flow determined for the burn structure and exposure buildings
- Required reserve flow determined (50% of fire flow)

- Pumping Apparatus meets or exceeds the required fire flow for the building and exposures
- Separate water sources established for attack and backup hose lines
- Periodic weather reports obtained
- Parking areas designated and obtained
 - apparatus
 - ambulance
 - Police/Sheriff's vehicles
 - Press vehicles
 - Private vehicles
- Operations area established and perimeter Marked
- Communications frequencies established, equipment obtained

BUILDING PREPARATION

- Building Inspection to determine structural integrity
- All utilities disconnected (acquired structure)
- Highly combustible interior wall and ceiling coverings removed
- All holes in walls and ceilings patched/covered
- Ventilation openings of adequate size precut for each separate roof area
- Windows checked and operated, opened or closed, as needed
- Doors checked and operated, opened or closed, as needed
- Building components checked and operated: (burn buildings)
 - roof scuttles
 - automatic ventilators
 - mechanical equipment
 - lighting equipment
 - manual and automatic sprinklers
 - standpipes
- Stairways made safe with railings in place
- Chimney (if applicable) checked for stability
- Fuel tanks and closed vessels removed or adequately vented
- Unnecessary inside and outside debris removed
- Porches and outside steps made safe
- Cisterns, wells, cesspools, and other ground openings identified, fenced or filled.

- Hazards from toxic weeds, hives, and vermin eliminated
- Hazardous trees, brush, and surrounding vegetation removed

BUILDING PREPARATION (Continued)

- Exposures such as buildings, trees, and utilities removed or protected
- All extraordinary exterior and interior hazards remedied
- Fire "sets" prepared
 - Class "A" materials only
 - NO flammable/combustible liquids
 - No contaminated materials

- list of other participants
- documentation of unusual conditions or events
- documentation of inquiries incurred and treatment rendered
- documentation of changes or deterioration of training center burn building
- acquired building release
- student training records
- certificates of completion
- Building and property releases to owner, release document signed

PRE-BURN PROCEDURES

- All participants briefed:
 - Building layout
 - Crew and Instructor assignments
 - Safety rules
 - Building evacuation procedures
 - Evacuation signal (demonstrate)
- All hose lines checked:
 - Sufficient size for the area of fire involvement
 - Charged and flow tested
 - Supervised by qualified instructors
 - Adequate number of personnel
- Necessary tools and equipment positioned
- Participants checked:
 - approved full protective clothing
 - self contained breathing apparatus
 - adequate SCBA air volume
 - all equipment properly donned

Keith Edgemon
Completed by: (Printed Name)

Keith Edgemon
Completed by: (Signature)

4/16/10
Date

Reviewed by: (Printed Name)

Reviewed by: (Signature)

Date

POST-BURN PROCEDURES

- All personnel accounted for
- Remaining fires overhauled, as needed
- Building inspected for stability and hazards
 - Where more training is to follow (see Section B.3, Building Preparation)
- Training critique conducted
- Records and reports prepared, as required:
 - account of activities conducted
 - list of instructors and assignments



Virginia Department of Fire Programs Accident Report Form

This report must be submitted for each person requiring first aid or medical attention during any training activity conducted by the Virginia Department of Fire Programs. It must be completed by the instructors and forwarded to the Division Chief in the area in which the accident occurred within five (5) days of the accident. The Area Manager will conduct an investigation and forward findings to the Director of Training within five (5) days of receiving this form.

Should it appear that the injured will require hospital admission and/or loss from work, or the accident results in a suspected or known fatality, the instructor(s) will immediately contact a Virginia Department of Fire Programs Division Chief or the Director of Operations who will initiate a preliminary investigation. A detailed report will be prepared by the Division Chief, in cooperation with the instructor(s), and forwarded to the Director of Operations within five (5) days.

SCHOOL NUMBER: _____

1. Full name of the injured person: Eric M Wilson SS No. 6588
(First, Middle, Last)

2. Home address: 2921 Deer Hollow Way, Fairfax VA 22031
(Street, State, ZIP)

3. Telephone no: Home 987-654-3210 Work _____

4. DOB 6/1/93 Age 17 Height 6'0" Weight 180

5. Fire Department Name: Dunn Loring Vol Fire Dept FDID 8500

6. Department Address: 2148 Gallows Rd
(Street or P.O. Box, City, County, State, ZIP)

7. Date of Accident 7/15/2010 Day of Week Thurs Time of Day 2215

8. Title of Training Course: Firefighter I Ladders

9. Location of Training: DLVFD, 2148 Gallows Rd Dunn Loring VA

10. Type/Extent of Injuries:
Laceration, Contusion, to the back of the head. No loss of consciousness, No fractures. Cleared for work

11. First aid/medical attention rendered:
First Aid was rendered to stop the bleeding. Ice Packs were applied. Wilson was taken to the hospital to be evaluated

12. Attending physician Dr Ignatious Freely Phone 789-456-0123
(Name)

(Street or P.O. Box, City, County, State, ZIP)

Continued on back of this page

13. Hospital Fairfax Innova Telephone 789-456-0123

14. Instructor(s)
Keith Edgeman

15. Witness(es)
Keith Edgeman

16. Other pertinent factors (weather, etc.) None, Indoors,

17. Describe how the incident occurred While ~~at~~ the class was looking over the ladders on the fire engine the padded skull-saver had been removed from the heels. At the end of class Eric Wilson bent over to pick up the skull-saver then stood up + hit the back of his head on the ladder.

18. VDFP Staff contacted ~~_____~~ No. Date/Time contacted ~~_____~~

19. Family notified: Contact Darrel Wilson Where _____
By Keith Edgeman via telephone Date/Time 7/15/10 22245

Report submitted by:

Name Keith Edgeman Instructor Number _____

Address 3018 Sugar Lane, Vienna VA 22181

Telephone Numbers 301-719-8205

Date written report submitted 7/16/10

Action by Division Chief/VDFP Staff _____

Virginia Department of Fire Programs

Location: Fairfax Co Fire Academy Date: 8/14/10 School No.: _____

Live Burn Accountability

Individual Name: Eric Wilson Department: DLVFD
 Emergency Contact: Darrel Wilson Allergies: None
 Known Medical Problems: None

Note: Remember to keep crews well hydrated during time in staging or rehabilitation

VITAL SIGNS	B/P	RESP.	PULSE	TEMP.	SKIN	TAKEN BY:
Base Line	<u>126/82</u>	<u>14</u>	<u>76</u>			<u>[Signature]</u>
Post Entry #1						
Post Entry #2						
Post Entry #3						
Post Entry #4						
Post Entry #5						
Post Entry #6						
Post Entry #7						

PERSONNEL/TURNOUT GEAR INSPECTION:

Coat: _____ Pants: _____ Helmet: _____ Boots: _____
 Gloves: _____ Hood: _____ SCBA: _____ Pass: _____
 Accountability: _____ Problems with Personnel/Gear: None

TRAINING LEVEL: The above named individual meets the following training Job Performance Requirements (JPR). These NFPA 1001 JPR subjects are listed in the appendix of NFPA 1403.

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Safety | <input checked="" type="checkbox"/> Fire Behavior | <input checked="" type="checkbox"/> Portable Extinguishers |
| <input checked="" type="checkbox"/> Personal Protective Equipment | <input checked="" type="checkbox"/> Ladders | <input checked="" type="checkbox"/> Fire Hose, Appliances, and |
| <input checked="" type="checkbox"/> Overhaul | <input checked="" type="checkbox"/> Water Supply | <input checked="" type="checkbox"/> Ventilation |
| | <input checked="" type="checkbox"/> Forcible Entry | |

I Eric Wilson certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.

Signature: Eric Wilson (Legible Signature) 8/14/10 (Date)

I Keith Edgeman certify that Eric Wilson has received the above training prior to entry into the Live Fire Training being offered, I also certify the above information is true.

Signature of Dept. Official: Keith Edgeman Title: _____ Date: 8/14/10

Signature of Lead Instructor: D. Decker Rowan Date: 8/14/10

Signature of Safety Officer: A. Steve Wiley Date: 8/14/10

Live Fire Training

Recommended Medical Parameters

The information listed below is intended for use as a guideline for the evaluation of firefighters during Baseline and Post Entry physical evaluations. The final decision on allowing a person to begin or continue training must be based on the best judgment of the on site medical personnel according to all the information available in each individual situation. Students and instructors should not be allowed to begin or continue training against medical advice. The Lead Instructor shall ensure that medical advice is followed and not override that advice.

1. Blood Pressure – diastolic greater than 105 mm Hg or a resting blood pressure greater than 160/100 mm Hg.
2. Pulse – greater than 70 percent of the maximum heart rate (220 – age)
3. Respiratory Rate – greater than 24 per minute
4. Temperature – greater than 99.5 deg. F (oral) or greater than 100.5 deg. F (core) or less than 98.0 deg. F (core).
5. Mental Status – altered status such as slurred speech, clumsiness, or weakness.
6. Skin – temperature, color, injuries

A student or instructor who does not meet these guidelines should be allowed to extend his or her stay in rehab. and then be reevaluated. If after a reasonable period, in the opinion of the EMS Officer, these guidelines cannot be met, the person should be removed from further participation for the remainder of the day and the lead instructor should be notified.

NOTHING IN THIS GUIDELINE IS TO REPLACE THE JUDGEMENT OF ON SITE MEDICAL PERSONNEL THAT WOULD INDICATE THAT A PERSON IS IN MEDICAL DISTRESS AND IN NEED OF IMMEDIATE TRANSPORT TO A MEDICAL FACILITY.

THIS FORM SHOULD BE TURNED IN TO THE APPROPRIATE DIVISION CHIEF AS PART OF THE NORMAL SCHOOL PACKAGE.

I understand that the personal health information being documented on this form is in compliance with NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, 2003 Edition as referenced in NFPA 1403: Standards for Live Burn Exercises. All personal information gathered on this form will be used for the sole purpose of evaluation for continued participation during Live Fire Training Evolutions.

Furthermore, I give the lead Emergency Medical Service Agency and Commonwealth of Virginia licensed Emergency Medical provider the authority to use my personal information listed within this form if I become incapacitated and the need for medical transport is required for continuation of care at an approved medical facility.

I understand I have the right to revoke the authority at any time. I understand that if I revoke this authority I must do so in writing and present my written revocation to the Virginia Department of Fire Programs. The information contained in this form will be held confidential for a period of not less than 5 years and is not to be shared with anyone other than the individuals having interest in my immediate medical condition. I understand the revocation will not apply to information that has already been released in response to this authority. This authorization will expire 30 days from the date listed below.

In accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Date of Live Burn Exercise 6/14/10
Printed Name: Eric Wilson

Signature: 