



IF PERFORMING LIVE FIRE EVOLUTIONS, WILL YOUR DEPARTMENT/ORGANIZATION BE PROVIDING A CERTIFIED EMERGENCY MEDICAL PROVIDER (EMT-B OR FIRST RESPONDER) TO STANDBY AS REQUIRED UNDER N.J.A.C. 5:73-2.5?      Yes      No  
**\*\*EMERGENCY MEDICAL PERSONNEL CAN BE PROVIDED TO FIRE DEPARTMENTS AT A COST\*\***

	<u>NAME</u>	<u>FIRST RESPONDER OR EMT-B</u>	<u>CERTIFICATION #</u>	<u>EXPIRATION</u>
1.				
2.				

**SAFETY PLAN**

- PRE BURN BRIEFING TO BE PROVIDED
- REVIEW APPLICABLE FACILITY RULES/EVOLUTION GUIDELINES
  - PERFORM WALK THROUGH OF BUILDING/EVOLUTION
  - ESTABLISH APPROPRIATE PPE LEVEL(S)
- EVOLUTION SAFETY
- INCIDENT SAFETY OFFICER TO BE DESIGNATED
  - MEDICAL CARE FOR PARTICIPANTS AVAILABLE
  - PARTICIPANT REHABILITATION AVAILABLE
  - EMERGENCY EVACUATION SIGNAL & PROCEDURES REVIEWED WITH ALL PARTICIPANTS
  - RAPID INTERVENTION DESIGNATED
  - ACCOUNTABILITY/PAR PROCEDURES REVIEWED WITH ALL PARTICIPANTS
- SAFETY MESSAGE
- ALL PERSONNEL ARE REMINDED TO BE CONSTANTLY AWARE OF THEIR WORK ENVIRONMENT AND BE CAUTIOUS OF THE FOLLOWING HAZARDS: Respiratory hazards, Slip, Trip and fall hazards, Sharp or jagged metal, Heights, Noise levels, Water, Electrical, Possible temperature extremes or hazardous weather
  - OTHER SAFETY INFORMATION:

**COMMUNICATIONS PLAN**

COMMAND FREQUENCY:	OPERATIONS FREQUENCY:
WATER SUPPLY FREQUENCY:	RAPID INTERVENTION FREQUENCY:
OTHER FREQUENCY:	

**OTHER NECESSARY INFORMATION**

**CERTIFICATION OF PARTICIPANTS**

The undersigned certifies that all participants in the training to be performed in the requested areas do not have any physical and/or other conditions, which would prevent them from actively participating in all portions of the training. All participants will be provided with PPE and SCBA by this department which complies with PEOSH standards N.J.A.C. 12:100-10 and have complied with the NJ Department of Labor adopted Respiratory Standard 29 CFR 1910.134 as it applies to medical evaluations and fit testing. All participants in live burn training must have a NJ DFS Firefighter 1 certification. The undersigned also certifies that all participants are covered by the Department's Workmen's Compensation, Liability and medical insurance as indicated by a copy of a current Certificate of Insurance attached to this application or on file at the Fire Academy.

Officer's Name	Rank	Signature	Date
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**Part II (TO BE FILLED OUT BY FIRE ACADEMY AND RETURNED TO APPLICANT)**

Your application for use of the Dempster Fire Service Training Center has been:

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved (Weather Permitting)      \_\_\_\_\_ Disapproved      \_\_\_\_\_ Modified

Your INVOICE will be forwarded upon use.

\_\_\_\_\_ Date

Mercer County Fire Academy Staff