



Mercer County Fire Academy

Captain John T. Dempster Sr. Fire Training Center

350 Lawrence Station Road Lawrenceville, NJ 08648
 Telephone: (609) 799-3245 Fax: (609) 799-1549

A Campus of the Mercer County Community College



TRAINING GROUND USE REQUEST FORM

Part I: (TO BE COMPLETED BY THE REQUESTING DEPARTMENT/ORGANIZATION)

DEPARTMENT/ORGANIZATION INFORMATION

Department/Organization Name:

Billing Address:	Telephone:	Fax:
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Training Officer or Contact Person:	Telephone:	Fax:	E-Mail:
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REQUESTED DATE / TIME

Date Requested: () 09:00 – 12:00 () 13:00 – 16:00 () 19:00 – 22:00
 () Other times requested:

TRAINING AREA(S) REQUESTED

<input type="checkbox"/> Drafting Area	<input type="checkbox"/> Grounds for Driver's Training	<input type="checkbox"/> Special Operations Pad
<input type="checkbox"/> Confined Space Area	<input type="checkbox"/> Flat Roof Simulator	<input type="checkbox"/> Pitched Roof Simulator
<input type="checkbox"/> Firefighter Entanglement Prop	<input type="checkbox"/> Drill Tower (non-live fire)	<input type="checkbox"/> Kidde™ Motor Vehicle Simulator
<input checked="" type="checkbox"/> Class 'A' Burn Room, Burn Building	<input checked="" type="checkbox"/> Kidde™ Bedroom Fire Simulator, Burn Building	<input checked="" type="checkbox"/> Class 'A' Burn Room, 4 th Floor Drill Tower
<input type="checkbox"/> Kidde™ Flammable Liquid Fire Simulator	<input type="checkbox"/> Fire Extinguisher Trainer	<input type="checkbox"/> Window Bar Simulator
	<input type="checkbox"/> Denver Prop	<input type="checkbox"/> Below Grade Prop

TRAINING DETAILS

NAME OF THE DRILL:	PLEASE LIST ALL AGENCIES PARTICIPATING IN THIS TRAINING:
EXPECTED ATTENDANCE:	
EXPECTED NUMBER OF EVOLUTIONS:	

SPECIFIC DRILL OBJECTIVES (LIST WHAT YOU WANT TO ACCOMPLISH):

SCRIPT FOR THIS DRILL (DESCRIBE YOUR SCENARIO[s]):

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 MERCER COUNTY FDS, ALL OTHERS WILL BE CHARGED FOR THIS COST.

	NAME	FIRST RESPONDER OR EMT-B	CERTIFICATION #	EXPIRATION
1.				
2.				

PLEASE COMPLETE OTHER SIDE OF FORM

WILL YOUR DEPARTMENT/ORGANIZATION HAVE A NJ DFS CERTIFIED INSTRUCTOR(S) OVERSEEING THE TRAINING EVOLUTIONS?
 () YES () NO (IF "YES" PLEASE INDICATE BELOW AND PROVIDE A COPY OF THEIR CERTIFICATIONS)

NAME	NJ DFS CERTIFICATION #	LB & SCBA/SH OR DRILLGROUND INST.?
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 will be certified as NJ Firefighter I (or Fire Brigade as applicable) or have 18 months of service with the department. 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.

Applicant name	Rank	Signature	Date

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 (See Attached)

Your INVOICE will be forwarded upon use.

_____ Mercer County Fire Academy Staff

_____ Date