



## Confined Space Rescue (CSR), 16 Hours

# York County Fire School

"A part of the Fire Chiefs and Firefighters Association of York County"

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Phone: (717) 767-4097, Fax: (717) 764-3243

**Course Title:** Confined Space Rescue, **SFA Course Code:** CSR, **Length of Course:** 16 Hours

- 🔑 **Prerequisites:** Persons attending this program should have experience, expertise, or training in subjects such as respiratory protection equipment including SCBA and/or rope rescue or rigging techniques. REPA and RORA are *preferred* prerequisites.
- 🔑 **Referenced Texts:** O.S.H.A. Regulation 29 CFR 1910.146; N.I.O.S.H. - A guide to safety in confined spaces; Commonwealth of Virginia - Confined Space Rescue Module of the Heavy and Tactical Rescue Program; Essentials of Fire Fighting, 3rd edition, I.F.S.T.A.; Fire Protection Handbook NFPA; NFPA 1001; Fundamentals of Physiology, Elbert Tokay PhD.
- 🔑 **Course Goal:** Students will be able to identify a confined space and be familiar with various regulations, safety procedures, equipment, techniques and personnel necessary to operate at a confined space emergency.
- 🔑 **Description of Course:** This 16 hour program deals primarily with rescues involving confined spaces. Subjects include definition, regulations, identification, needs, psychology, and techniques. Practical application of rescue techniques are practiced in real confined spaces.

**Dates:** September 2<sup>nd</sup> & 4<sup>th</sup>; (18:30 – 22:30), & 6<sup>th</sup>; (08:00 – 16:30)

**Instructor:** Lane

**USING INK PLEASE WRITE CLEARLY.**

### **REGISTRATION INFORMATION**

Student Name : \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ ( ) -

(Student's Email Address)

(Student's Phone #)

### **CHIEF'S AUTHORIZATION**

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions that would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of AUTHORIZING PERSON: \_\_\_\_\_

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY.**

**Thank you.**