

Fire Attack in Sprinklered Properties (FMSP), 6 hours



York County Fire School

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

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Course Title: Fire Attack in Sprinklered Properties, **SFA Course Code:** FMSP **Length of Course:** 6 Hours

Prerequisites: None

Referenced Texts: The Handbook of Property Conservation (P7314), Factory Mutual Engineering; Fire Protection Handbook, National Fire Protection Association; NFPA Standard 13E, "Recommendations for Fire Department Operations in Properties Protected by Sprinkler and Standpipe Systems," NFPA; The NFPA Inspection Manual, NFPA; Essentials of Fire Fighting, International Fire Service Training Assoc.

Course Goal: This course will provide fire fighters with an understanding of why sprinklered properties burn and how to improve the fire department's role in preventing such unnecessary losses.

Description of Course: This course gives an overview of how sprinkler systems are designed and constructed, why some large loss fires occur in spite of the presence of sprinklers, and how the fire department can minimize the change of such an occurrence.

Dates: October 5th; 08:00 – 15:30

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.