

**Haz-Mat Awareness Level Annual Refresher Training (HMAR), 2 Hours**



# York County Fire School

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

**330 Emig Road  
York, Pennsylvania 17406**

www.yorkcountymfireschool.org

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

**Course Title:** Haz-Mat Awareness Annual Refresher **SFA Course Code:** HMAR, **Length of Course:** 2 Hours

🔑 **Prerequisites:** RIHM or otherwise certifiable at the First Responder Awareness Level per OSHA

🔑 **Referenced Texts:** 2004 Emergency Response Guide

🔑 **Course Goal:** To provide refresher training at the First Responder Awareness level which will assist students in complying with the refresher training requirement contained in 29 CFR 1910.120 (q).

🔑 **Description of Course:** This course will provide the student with a basic review of skills needed to identify hazardous materials problems, recognize the presence of hazardous materials, and identify hazardous materials and their associated dangers. This course will meet the requirements for annual review under 29 CFR 1910.120

**Dates:** October 6<sup>th</sup>; 18:30-20:30

**Instructor:** Lane

**USING INK, PLEASE PRINT 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.**