

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**

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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: December 1st; 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.