

Haz-Mat First Responder Operations (NFPA 472), 24 hours



YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

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

www.yorkcountymfireschool.org

Course Title: Haz-Mat First Responder Operations NFPA 472, **SFA Course Code:** NFPA 472, **Length of Course:** 24 Hours

Prerequisites: Students must be capable of reading and writing in the English language at least an eighth-grade level.

Referenced Texts: Course Facilitator Guide

Description of Course: This course is intended to provide the student with the knowledge and skills required at the First Responder/Operations level of hazardous materials response. This course consists of both Classroom and Hands on Training (Lab) where the student will participate in various techniques to control a Haz-Mat Situation.

Dates: (October 4th, 5th, 12th, 13th, 18th & 19th; 18:30 – 22:30)

Instructor: Stephen Lane

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

Student Name: _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

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(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 which 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: _____

PRINT YOUR NAME

Note: By authorizing this class you are authorizing the fire school to bill your organization, for no shows. Students not attending a class will subject the organization a charge of \$25.00 for a 6 hour or less class or \$50.00 for a class more than 6 hours long. The fire company is responsible for the cost of the class. Failure to pay such fees will result in eliminating your department members' attendance at future classes.

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.