

**Haz-Mat Operations Level Annual Refresher Training (HMOR), 6 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 Operations Annual Refresher **SFA Course Code:** HMOR, **Length of Course:** 6 Hours

**Prerequisites:** UPRR or IAFF or HISI or HMDP or otherwise certified to First Responder Operations Level

**Referenced Texts:** 2004 Emergency Response Guide

**Course Goal:** To provide refresher training at the First Responder Operations 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 allow a Haz-Mat emergency responder at the First Responder Operations level to receive refresher training as required annually by Federal Regulation.

**Dates:** August 4<sup>th</sup> (18:30 – 22:30) & 5<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.**