

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

www.yorkcountfireschool.org

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

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

🔑 **Course Goal:** The goal of this program is to provide the First Responder with the training required to comply with NFPA Standard 472, Chapter 5, Competencies for the First Responder at the Operations Level and Code of Federal Regulations (CFR) 1910.120, OSHA regulation for Hazardous waste Operations and emergency response, (HAZWOPER) at a First Responder Operations Level. This program, is designed to give the responder the necessary skills to handle hazardous materials emergencies.

🔑 **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: November 3rd, 4th, 10th, 11th, 17th, & 18th; 18:30 – 22:30

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.