

Incident Safety Officer (NFA) (ISO) 16 Hours



York County Fire School

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

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York, Pennsylvania 17406

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www.yorkcountfireschool.org

Course Title: Incident Safety Officer, **SFA Course Code:** NFA ISO, **Length of Course:** 16 Hrs

🔑 **Prerequisites:** ICS and Haz-Mat Operations, & **Minimum age of 18 at start of first class**

🔑 **Referenced Texts:** NFPA 1500; NFPA 1561; SARA Title III; 29CFR1910; Student & Instructor Manuals

🔑 **Course Goal:** Upon completion of this course, the Company Officer (CO) will have the basic foundation to utilize safety cues and function as the Safety Officer (SO) at an emergency incident.

🔑 **Description of Course:** The Safety officers responsibilities fall into two clear cut categories: those associated with responding at the incident scene, and those associated with managing the day to day affairs of the department. The Incident Safety Officer (ISO) course is focused on the incident and the role the Safety Officer plays as part of the Command Staff. The target audience is Company Officers (CO) who are experienced in firefighter safety issues and are familiar with an Incident Command System, hazardous materials management, and related emergency operations. The program provides the student with the decision-making process and skills required to recognize unsafe acts and conditions and take appropriate corrective actions.

Dates: December 8th & 10th; (18:30 – 22:30) & 13th; (08:00 – 16:30)

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.