

## 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:** August 3<sup>rd</sup>; (08:00 – 16:30) 6<sup>th</sup> & 7<sup>th</sup>; (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.**