

Pump Operations II (PUOA), 16 Hours



York County Fire School

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

330 Emig Road

York, Pennsylvania 17406

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

Course Title: Pump Operations II, **SFA Course Code:** PUOA **Length of Course:** 16 Hours

🔑 **Prerequisites:** IST, EBM, or ELIS; PUOP, & **Minimum age of 18 at start of class.**

🔑 **Referenced Texts:** IFSTA Fire Department Pumping Apparatus - 7th edition, IFSTA 106 Fire Apparatus Practices - 6th edition, Fire Engineering - "Fire Service Pump Operators Handbook", Warren E Isman, NFPA 1002 Fire Service Driver/Operator Professional Qualifications

🔑 **Course Goal:** This course will introduce the student to advanced concepts and methods of fire pump operation.

🔑 **Description of Course:** This course is designed to instruct the student in advanced techniques of operating pumps. Topics covered include friction loss, relay pumping, master streams, elevated master streams.

Dates: October 15th; (08:00 – 16:30) & 16th & 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.