

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

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

www.yorkcountfireschool.org

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

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 26th & 28th; 18:30 – 22:30) & (30th; 08:00 – 17:00)

Instructor: Stephen Lane

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

Student Name: _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

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(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 which 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: _____

PRINT YOUR NAME

Note: By authorizing this class you are authorizing the fire school to bill your organization, for no shows. Students not attending a class will subject the organization a charge of \$25.00 for a 6 hour or less class or \$50.00 for a class more than 6 hours long. The fire company is responsible for the cost of the class. Failure to pay such fees will result in eliminating your department members' attendance at future classes.

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.