

Pump Operations 1 (PUOP) 16 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: Pump Operations I, **SFA Course Code:** PUOP **Length of Course:** 16 Hours

Prerequisites: IST, EBM, or ELIS; & **Minimum age of 18 at start of the 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 basic concepts and methods of fire pump operations.

Description of Course: This course provides the fire fighter with an introduction to basic pump construction and theory as well as operating techniques. Emphasis is placed on getting water to the pump, getting water from the pump for hose streams, and prevention of common mistakes in pump operations.

Dates: July 26th & 27th; 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.