

Hazardous Materials First Responder Awareness (RIHM) 4 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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www.yorkcountfireschool.org

Course Title: Haz-Mat First Responder Awareness, **SFA Course Code:** NFA RIHM **Length of Course:** 4 Hours

Referenced Texts: Instructor Guide supplied with course.

Description of Course: Four tasks have been identified as part of a process for analyzing the hazardous material problem. The course focuses on the first four tasks in this process: (1.) Detecting the presence of hazardous materials, (2.) Initiating command and control activities, (3.) Surveying the hazardous material incident; and (4.) Collecting and interpreting hazard and response information.

Dates: (September 9th; 18:30-22:30)

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.