

# 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**

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

**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:** (October 14<sup>th</sup>; 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.**