

# 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.yorkcountyfireschool.org

**Course Title:** Hazardous Materials First Responder Awareness, **SFA Course Code:** NFA RIHM **Length of Course:** 4 Hours

☛ **Referenced Texts:** Instructor Guide supplied with course.

☛ **Course Goal:** This course will provide the student with the knowledge to recognize and identify hazardous materials and take appropriate survival oriented actions.

☛ **Description of Course:** Seven 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 3<sup>rd</sup>; 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.**