

**Structural Burn Session (SBS) 16 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:** Structural Burn Session **SFA Course Code:** SBS **Length of Course:** 16 Hours

- 🔑 **Prerequisites:** Minimum age of 18 at the start of the first class, EBM or ELIS
- 🔑 **Referenced Texts:** Current editions of IFSTA *Essentials* and NFPA 1403, PSFA Live Burn Policy
- 🔑 **Course Goal:** To enable the student to safely attack and extinguish an interior fire in a structure as a member of a single line hose team.
- 🔑 **Description of Course:** This course will provide the student with a review and application of the techniques used in safe fire fighting practices in an actual fire environment. Emphasis is placed on safety for both interior and exterior operations.

**Dates:** October 25<sup>th</sup> & 26<sup>th</sup>; 08:00 – 17:00

**Instructor:** Dan Hoff

**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.**