

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

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

www.yorkcountymfireschool.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 ELIF
- 📖 **Referenced Texts:** Current editions of IFSTA *Essentials* and NFPA 1403, PSFA Live Burn Policy
- 📖 **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: (August 24th & 26th; 18:30 – 22:30) & (28th; 08:00 – 17:00)

Instructor: Bill Staub

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.