



## Truck Company Operations 1 (TRCO), 16 Hours

# York County Fire School

"A part of the Fire Chiefs and Firefighters Association of York County"

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**Course Title:** Truck Company Operations 1 **SFA Course Code:** TRCO, **Length of Course:** 16 Hours

🔑 **Prerequisites:** Essentials of Firefighting or Entry Level of Firefighting Series & **Minimum age of 18 at the start of the class.**

📖 **Referenced Texts:** Current editions of the following IFSTA manuals (or equivalent publications): Essentials of Fire Fighting; Building Construction; Forcible Entry; Ground Ladder Practices; Safety; Salvage Practices

🎯 **Course Goal:** The student will be introduced to the basic concept of truck company operations as part of an organized, coordinated structural fire suppression operation.

📖 **Description of Course:** Truck companies, regardless of whether they arrive on an aerial device, squad, or engine, are the 'combat engineers' of fire attack operations. This course, for *experienced* fire fighters, will introduce the student to the basic concept of truck company operations and duties, including organizing the delivery of truck company services, selection and use of key tools, advanced ventilation and forcible entry theory and practices, search and rescue, and other fire attack support functions.

**Dates:** September 6<sup>th</sup> & 7<sup>th</sup>; 08:00-17:00

**Instructor:** Brian Bastinelli

**USING INK, PLEASE PRINT 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.**