

Utah Fire Service Certification System

LIVE FIRE TRAINING



UTAH CERTIFICATION STANDARD

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Live Fire Training Technical Committee

The Certification Council would like to recognize and extend a voice of appreciation to the following fire service professionals for their work on the 1403 Live Fire Utah Standard. These individuals devoted many hours reviewing the National Fire Protection Association (NFPA) 1403 standard to create the Utah Live Fire Training Standard. As well as, certification test banks, and curriculum text books to develop the skills for each discipline within this standard.

Thank you.

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INTRODUCTION

The Utah Fire & Rescue Academy (UFRA) has evolved into a dynamic organization that provides fire and emergency service related training, professional accredited certification, and resource assistance. The Utah Fire Service Certification System (UFSCS) has been administered by UFRA since the system's inception in the early 1980s. The governing body for the firefighter certification system in the state of Utah is the Utah Fire Service Certification Council (UFSCC). The members of the council represent various areas of the state as well as a variety of department types.

The entire system is based on international professional job performance standards from NFPA and NWCG. Fire service training must be utilized to its maximum potential. Any overlap, fragmentation, and lack of basic structure must be eliminated. Standardization is the natural complement and necessity. Through these national standards and certification, firefighters and fire departments have a tool to measure specific levels of skills, abilities, and knowledge. Testing takes place all over the state of Utah and is usually scheduled by fire department training officers for members of one or more local agencies to test at their own facilities using their own equipment.

The Utah Fire Service Certification System (UFSCS) creates uniformity by certification. Certification allows a fire service professional to be a part of the National Registry (Pro Board and IFSAC), which verifies that a person has been trained at a national standard. Firefighters, hazardous materials responders, and rescue personnel can earn various certifications. Volunteer, part-time, and career firefighters must all meet the same standard to certify. Most fire departments in Utah have certified personnel even though there is no law requiring it. The UFSCC believes that by participating in this certification program firefighters and fire departments will be better prepared to provide safety and fire protection for their communities.

Candidates who complete and pass the requirements will receive certification from the Utah Fire Service Certification System (UFSCS) without the IFSAC or Pro Board seal. The following state certification requirements are based on the objectives listed in the Utah Live Fire Training Standard, as verified and adopted by the Utah Fire Service Certification Council (UFSCC).

LIVE FIRE TRAINING CERTIFICATION REQUIREMENTS

Entrance Requirements

Certification at the Live Fire Training level is a unique process. To become state certified, candidates must complete the prerequisites and/or requirements for any of the specialty areas as set forth in Utah Live Fire Training Standard. To certify at the Live Fire Training level, candidates must fulfill the following requirements:

1. Complete entrance requirements.
2. Meet prerequisites as established by the UFSCC and the Utah Live Fire Training Standard.
 - a. Be UFSCC certified as Firefighter II and Instructor I
 - b. Have a minimum of 3 years of experience as a member of an organized fire department (volunteer or career)
3. Set up and maintain department records.
4. Train on the required written and practical objectives in the specialty areas outlined in the Utah Live Fire Training Standard.
5. Successfully complete the Live Fire Training Portfolio Requirements.
 - a. Submit documentation to the Certification Office as required by this standard.
6. Pass the Portfolio Requirements and be approved by the Certification Council.
7. Pass a written examination administered by the Certification Office.
8. Request Live Fire Training certification.
9. Request recertification at the end of each 3-year certification period.

Physical Fitness Requirements

The UFSCC acknowledges the importance of and need for physical fitness requirements. Many agencies and departments have existing policies, regulations, etc. already in place regarding these requirements. The handling of physical fitness requirements is a **LOCAL MATTER**, outside the authority and jurisdiction of the UFSCC. The Council will not check, test, evaluate, or determine how individual agencies meet these requirements. Some departments have found it necessary to waive any type of physical fitness requirements due to their own special needs. As a local decision, this is permitted. However, due to the amount of physical, mental, and emotional stress inherent in this profession, **the Utah Fire Service Certification Council strongly recommends careful evaluation before altering or doing away with any existing physical fitness requirements.**

All Live Fire activities should be conducted in the **safest possible manner**, including the consideration that all risks taken are to benefit the operation. Live Fire skills require a high degree of physical activity, coordination, operational planning, and a strong knowledge of all applicable protocols. Entrance requirements are outlined in the Utah Live Fire Training Standard sections 4.3 and 4.4

The requirements listed in the Utah Live Fire Training Standard, section 4.4:

1. Meet the minimum educational requirements established by the authority having jurisdiction.
2. The Utah Fire Service Certification Council Policy 11.3 requires that a candidate must be 18 years of age.
3. Meet the medical requirements of NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, (2022), as determined by the medical authority of the AHJ.
4. Physical fitness requirements for entry-level personnel should be developed and validated by the authority having jurisdiction. Physical fitness requirements should be in compliance with applicable Equal Employment Opportunity regulations and other legal requirements.

- a. Live Fire operations involve activities that pose great physical and mental challenges, requiring the candidate to perform challenging physical activities in a high-stress environment.
5. Prior to beginning training as Live Fire personnel, a minimum medical training requirement should be met.
6. People having the potential for encountering hazardous materials on an incident scene should be trained to recognize the hazard and to implement exposure and control methods.

Department Training Officers

For a department to enroll in the certification process, it is necessary for the department to assign training officers. Departments who **do not** have certified personnel to act as training officers for certification training should contact the Utah Fire & Rescue Academy at (801) 863-7709 for assistance in setting up and monitoring certification training. It is recommended that the department assign at least two personnel as training officers to coordinate and provide certification training.

Department training officers shall be state certified at the level they are teaching. For this level of certification, those involved in the training shall be Live Fire, Firefighter II, and Instructor I certified.

Department training officers or instructors will be responsible for certification training. Their primary responsibility will be to teach, evaluate, and in-house test department personnel on the skills and requirements for Live Fire Training certification.

The final entrance requirement is to complete the **Intent to Participate** form provided in Appendix C and return it to the Certification Council. Remember, participation in the certification process is **VOLUNTARY**. Once you have enrolled, you can withdraw if desired.

If a department is already participating in the Utah Fire Service Certification System, it will not be necessary to file another Intent to Participate form.

DEPARTMENT TRAINING

The position of a Live Fire trained and certified firefighter is one that requires a high level of skill and knowledge. The training that is given to and received by the candidate should be of the highest quality and degree. All training received must meet the requirements of the Utah Live Fire Training Standard and the skills as approved by the UFSCC contained within this Live Fire Training standard. All training received must be documented and recorded. As well as, successfully completing and submitting the Live Fire Training Portfolio Forms (see examples in Appendix A). All testing for Live Fire Training will be conducted following the Policies and Procedures of the UFSCC.

Training for Live Fire can be obtained by completing one of the following training courses or methods to qualify to take the Utah Certification examination.

1. A UFRA-offered, TBD 8- to 16-hour Live Fire Training course, which meets the requirements of the Utah Live Fire Training Standard.
2. Department-Based Training. Departments can create their own Live Fire Training course which meets the requirements outlined in the Utah Live Fire Training Standard.

To prepare candidates to successfully pass the state certification examination, the course material should be based on the publications listed on the next page.

Written Objectives

Written objectives for Live Fire Training are covered in the following:

- Utah Live Fire Training Standard, adopted in 2023
- *Live Fire Training: Principles and Practice to NFPA 1403*, 2nd edition, Burlington, MA: Jones & Bartlett Learning, 2019.

This textbook is available from various fire service bookstores or on the internet. A list of current resources are available online at uvu.edu/ufra.

There are numerous methods departments have used to help prepare their personnel for the written examination. Considering the high level of skill and knowledge that is required for Live Fire Training, the Council recommends that the candidate participate in a comprehensive class and receive instruction on both the portfolio and written requirements.

Process for Receiving Live Fire Training Certification

Candidates in the Live Fire Training program must successfully complete the Live Fire Training Portfolio Forms contained within this standard. Documentation is required to provide proof that all requirements and skills have been met.

The requirement forms are self-explanatory in what is being required by the Certification Council for a candidate to become eligible to test for the Live Fire Training certification. Documentation must accompany this form to provide the necessary proof that the candidate has met the requirements as outlined in the Utah Live Fire Training Standard and approved by the UFSCC.

Once the Portfolio Requirements Form, the Live Fire Training Portfolio Forms, and other appropriate documentation have been submitted to the Certification Office, it will be assigned to a qualified reviewer, then approved by the Certification Council. Once approved, the Live Fire Training candidate is eligible for the written exam.

Department Training Records

Each candidate shall have a current, accurate, and complete **Portfolio Requirements Form** for Live Fire Training on file (not a “Training Record”) with the department. This form indicates that the candidate has met all the prerequisites, they have been trained on all the learning objectives, and have completed all the forms required. **The Live Fire Training Portfolio Forms** (or AHJ forms) must be completed in its entirety. These forms may be completed on a computer or by hand. After completion of the training process, submission and approval of **The Live Fire Training Portfolio Forms** the candidate may request the written test.

CERTIFICATION EXAMINATIONS

After completion of the training process, and submission and approval of the Live Fire Training Portfolio Forms, the Chief/Administrator may request testing for the candidate using the Examination Request form in Appendix C. The candidate will then have three attempts to pass the written examination. A separate application must be sent to the Certification Office for each attempt. Request forms must reach the Certification Office no later than 30 days prior to the examination date. The entire examination process must be completed within one year of the first written exam date.

Written Examination

The written examination is a randomly generated 30-question test covering the written objectives of Live Fire Training from the Utah Live Fire Training Standard and *Live Fire Training: Principles and Practice to NFPA 1403*, 2nd edition, Burlington, MA: Jones & Bartlett Learning, 2019. A minimum score of 70% is required to pass the certification exam. Firefighters failing the first attempt of the written exam will be permitted to retest no sooner than 30 days from the date of the last exam. Three attempts are allowed to pass the exam. If a candidate fails the written examination three times, they have failed the certification process and must wait one year from the date of the last failed exam before reentering testing. Exam results are forwarded to the Chief/Administrator within 30 days following the receipt of the completed examination.

SAMPLE WRITTEN EXAMINATION QUESTIONS:

From which management theory did quality circles evolve?

- a. Theory Z
- b. Theory Y
- c. Hygiene Theory
- d. The Leadership Continuum

Skills Spot Check Examination

There is no skills test for Live Fire Training certification. See page 4, “Process for Receiving Live Fire Training Certification”.

LIVE FIRE TRAINING CERTIFICATION

When all requirements for certification have been met, applicants are eligible to be certified. The Chief/Administrator may apply to the Utah Fire Service Certification Council for certification for those candidates who have successfully completed the certification training/testing process. Requests for state certification must be submitted to the Council using the Certification/Recertification Request form provided in Appendix C. The names are then checked against the official state records to ensure that each individual listed has met all requirements and prerequisites.

Candidates who have met the requirements are issued a certificate. The Chief/Administrator is then notified that the newly acquired certification will be available to view and print within 10 business days of the issue date via the UFRA Certification and Training Lookup System at <https://uvu.edu/ufra/lookup/>. Patches are at cost. New printed certificates with an original seal attached may be requested from the Certification Office for a fee of \$10 per certificate. Wallet cards are sent to candidates if their photos are five years old or newer. A \$40 testing/certification fee will be assessed if the candidate passes their written exam on the second attempt, and a \$60 fee will be assessed if the candidate passes their written exam on the third attempt.

***The fee description applies to Utah fire departments only. All other agencies will be assessed a testing/certification fee of \$90 per level.**

Prerequisites for Live Fire Training Certification

Applicants for certification **must** be state certified through the Utah Fire Service Certification System at Firefighter II and Instructor I. In addition to being certified at that level an applicant must have a minimum of 3 years of experience as a member of an organized fire department (volunteer or career). A Live Fire Training certification will not be issued until candidates have fulfilled these requirements.

Recertification

Certification at the Live Fire Training level is valid for a three-year period. Each certified Live Fire Training firefighter may renew certification by having the Chief/Administrator of the participating agency submit the Certification/Recertification Request provided in Appendix C.

Each certified Live Fire Training firefighter shall participate in at least 36 hours of structured class and skill training per year to maintain competency. A total of 108 hours of training is required during the previous certification period.

For more information on Utah firefighter certification, contact the:

Utah Fire Service Certification Council
Utah Fire & Rescue Academy
3131 Mike Jense Parkway
Provo, UT 84601
801-863-7709
www.uvu.edu/ufra

LIVE FIRE TRAINING CERTIFICATION CHECKLIST

ENTRANCE REQUIREMENTS:

- ☐ Each candidate has met requirements listed in the Utah Live Fire Training Standard.
- ☐ Each candidate has trained on the Live Fire Training written objectives.

DEPARTMENT TRAINING RECORDS:

- ☐ Each candidate has trained on the Live Fire Training objectives (course information)
 1. A learning experience in each objective
 2. Dates of training
 3. Initials of instructors
- ☐ Each candidate has completed the Live Fire Training Portfolio Forms with accompanying documentation (AHJ forms or sample forms provided):
 1. All requirements are met.
 2. Appropriate documentation for each item as required
 3. Initials of training officer/instructor

ADDITIONAL TRAINING /PREREQUISITE REQUIREMENTS:

- ☐ Each candidate is state certified through the UFSCC at the Firefighter II level.
- ☐ Each candidate is state certified through the UFSCC at the Instructor I level.
- ☐ Minimum of three years of experience as a member of a fire department.

CERTIFICATION EXAMINATIONS:

- ☐ Each candidate has passed the UFSCC written examination.
- ☐ Each candidate has passed the Live Fire Training Portfolio Requirements, which have been reviewed by a qualified person and approved by the UFSCC.

LIVE FIRE CERTIFICATION:

- ☐ The Chief/Administrator may then request certification for candidates using the Certification/Recertification Request.

LIVE FIRE TRAINING PORTFOLIO FORMS

Portfolio Requirements Form for Live Fire

The skill level for Live Fire Training, as determined by the Utah Fire Service Certification Council, is focused on the fire service person who wants to become a Live Fire Instructor. This portfolio is intended to demonstrate a candidate's on-the-job experience.

Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Department and/or Agency: _____

Current Job Title: _____

Prerequisite Requirements

☐ Certified at Firefighter II. Issue Date: _____

☐ Certified at Fire Instructor I. Issue Date: _____

☐ 3 years experience at a fire department. Hire Date: _____

I acknowledge that the above information is correct and accurate. I have completed all of the certification requirements and have met the prerequisite requirements as outlined.

Candidate Signature: _____ Date: _____

As Chief/Training Officer I acknowledge that the above information is correct and accurate. The candidate has completed all of the certification requirements and has met the prerequisite requirements as outlined.

Chief/Training Officer Signature: _____ Date: _____

Certification Office Use Only:

Approved by Certification Council: Yes ☐ No ☐

Evaluated by: _____

Date approved: _____

Instructions for the Candidate:

1. To obtain certification in Live Fire Training within the Utah Fire Service Certification System, complete the following form and provide documentation as required within the portfolio.
 - a. Address each requirement in the standard and document how you met the criteria.
 - b. All work must be your own work.
 - c. Each requirement must be completed from Live Fire incident(s) or scenario(s)
 - d. Each requirement must have a minimum of one submission. Candidates may submit more documentation if desired.
 - e. Each requirement should list the corresponding reference on the submitted documentation.
2. Documents should be submitted in a binder and/or an electronic file, *in an orderly fashion*.
3. Prerequisites for Live Fire Training certification are Firefighter II and Instructor I.
4. These requirements for Live Fire Training certification are based on the Utah Live Fire Training Standard.
5. Submit completed portfolio to the Certification Office at UFRA:
Utah Fire Service Certification Council
Utah Fire & Rescue Academy
Attn: Certification Program Manager
3131 Mike Jense Parkway
Provo, UT 84601

Appeals Process:

Examinations/Portfolios may be appealed. If a candidate has an appeal, they should contact the Certification Office in writing within 30 days of taking the exam, listing the reason for the appeal. If resolution does not occur by the Certification Office, the candidate can appeal to the Certification Council. If the Certification Council turns down the appeal, the candidate can appeal to the Fire Prevention Board. If that board turns down the appeal, the candidate can request a judicial review. Judicial review of all final Board actions resulting from informal adjudicative proceedings is available pursuant to UCA, Section 63-46b-15.

Evaluator Instructions:

1. Verify that each document (letter, report, narrative, etc.) provides sufficient detail and information and lists the applicant as the creator of the document.
2. Documents may not be used to meet the requirements of more than one skill.
3. Each document should be reviewed to make sure it meets the requirements of the Utah Live Fire Training Standard skills or knowledge.
4. Photocopies or reprints can be used in lieu of originals.

Evaluator Qualifications:

1. Evaluators of the Live Fire portfolio will be selected from a qualified list approved by the Certification Council.
2. Evaluators shall be certified to, or above, the Live Fire Training level.
3. Evaluators shall be fair and impartial.
4. Should the evaluator have any conflict of interest, the evaluator will abstain from reviewing the portfolio and it will be assigned to another qualified evaluator.
5. Reviewed certifications/portfolios will be addressed/presented to the Certification Council for approval.

LIVE FIRE TRAINING PORTFOLIO FORMS

Standard Reference In Appendix A	Live Fire Training Portfolio Forms	Completed by Candidate	Approved by Evaluator
Figure 1	Routine Personal Protective Equipment (PPE) Inspection Checklist		
Figure 2	Fire Training Announcement		
Figure 3	Site Inspection Worksheet – Residential Properties		
Figure 4	Live Structural Fire Training Facility Inspection form		
Figure 5	Notice of Cancellation or Nonrenewal of Insurance form		
Figure 6	Release Form		
Figure 7	Live Fire Responsibilities of Personnel Checklist		
Figure 8	Live Fire Evolution Checklist		
Figure 9	Live Fire Preburn Checklist <ul style="list-style-type: none"> • Include photos: 360 degrees of the structure, utilities disconnected, hazards mitigated • Describe the size of the burn room and setup 		
Figure 10	Live Fire Postburn Checklist		
Figure 11	Media Announcement		
Figure 12	First Report of Employee Injury/Accident Form		
	IAP EXAMPLE – Not all inclusive		
Figure 13	ICS 202 – Incident Objectives		
Figure 14	ICS 201 – Incident Briefing		
Figure 15	ICS 203 – Organization Assignment List	<i>Optional</i>	<i>Optional</i>
Figure 16	ICS 204 – Assignment List	<i>Optional</i>	<i>Optional</i>
Figure 17	ICS 205 – Incident Radio Communications Plan	<i>Optional</i>	<i>Optional</i>
Figure 18	ICS 205A – Communications List	<i>Optional</i>	<i>Optional</i>
Figure 19	ICS 206 – Medical Plan	<i>Optional</i>	<i>Optional</i>
Figure 20	ICS 208 – Safety Message/Plan		
Figure 21	ICS 215A – Incident Action Plan Safety Analysis		

By signing below, I acknowledge that the documents contained in this portfolio are true and accurate and that the requirements were met by an incident, a scenario, and/or an actual on-the-job experience.

Date of Submission: _____

Applicant Signature: _____

Chief/Training Officer Signature: _____

<p style="text-align: center;">APPENDIX A EXAMPLE OF LIVE FIRE TRAINING FORMS</p>

Documents approved by the Authority Having Jurisdiction (AHJ) have priority.
The following figures are samples of what should be used as needed.

Figure 1

Routine Personal Protective Equipment (PPE) Inspection Checklist					
<i>This checklist is not all-inclusive. Please follow your AHJ guidelines.</i>					
<p>According to the NFPA, individual members are to conduct a routine inspection of their personal protective equipment (PPE) upon issuance and after each use. This process will help reduce the health and safety risks associated with improper maintenance, contamination, or damage. Please use this checklist to perform and document routine inspections of PPE. The items listed reflect the minimum requirements for the routine inspection, but this list is <i>not all-inclusive</i>. Please follow your AHJ guidelines and NFPA standards.</p>					
<p>Equipment assigned to: _____</p> <p>Inspected by: _____ Inspection date: _____</p>					
<p>Instructions: Clean contaminated or soiled PPE before inspection. Follow your AHJ guidelines to determine if cleaning is necessary. Use the checkboxes below to verify inspection of all areas of your gear. Mark “Pass” or “Fail” to indicate whether each item meets your organization’s requirements. Use the comment section to describe why “Fail” was selected and what actions you will take to rectify the failure. Indicate if you removed any items from service. Advanced inspections must be conducted “whenever routine inspections indicate that a problem could exist” (Chapter 6, Section 3 of NFPA 1851).</p>					
Pass	Fail		Pass	Fail	
<input type="checkbox"/>	<input type="checkbox"/>	Turnout Coat, Pants, and Hood	<input type="checkbox"/>	<input type="checkbox"/>	SCBA
<input type="checkbox"/>	<input type="checkbox"/>	Outer shell: no soiling, contamination, tears, holes, fraying, weak material, burns, or charring	<input type="checkbox"/>	<input type="checkbox"/>	Cylinder(s): no physical damage, contamination, or thermal damage
<input type="checkbox"/>	<input type="checkbox"/>	Lining: no thermal damage, tears, holes, fraying, heat discoloration	<input type="checkbox"/>	<input type="checkbox"/>	Hydrostatic test is current
<input type="checkbox"/>	<input type="checkbox"/>	Hardware: snaps, zippers, and Velcro are functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	Harness: no physical damage, fraying straps, contamination, or thermal damage
<input type="checkbox"/>	<input type="checkbox"/>	Proper fit recommended	<input type="checkbox"/>	<input type="checkbox"/>	Hardware is complete and functioning
<input type="checkbox"/>	<input type="checkbox"/>	Helmet	<input type="checkbox"/>	<input type="checkbox"/>	Regulator and hoses: intact, functional, no physical damage or contamination
<input type="checkbox"/>	<input type="checkbox"/>	Shell: No cracks, holes, burns, charring, or obvious contamination	<input type="checkbox"/>	<input type="checkbox"/>	Facepiece: intact, lens visibility
<input type="checkbox"/>	<input type="checkbox"/>	Liner: no thermal damage or damage to impact shell	<input type="checkbox"/>	<input type="checkbox"/>	Straps and headpiece: intact, not frayed, and seal properly
<input type="checkbox"/>	<input type="checkbox"/>	Hardware: functional and properly adjusted for good fit	<input type="checkbox"/>	<input type="checkbox"/>	Annual Fit Test completed
<input type="checkbox"/>	<input type="checkbox"/>	Check the earflaps for functionality	<input type="checkbox"/>	<input type="checkbox"/>	Check the Personal Alert Safety System (PASS)
<input type="checkbox"/>	<input type="checkbox"/>	Check the strap to verify it functions properly and is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	Boots
<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	The liner: no signs of thermal damage
<input type="checkbox"/>	<input type="checkbox"/>	Outer shell: no burns, charring, tears, holes, or fraying	<input type="checkbox"/>	<input type="checkbox"/>	No contamination, tears, holes, fraying, weak material, burns, or charring
<input type="checkbox"/>	<input type="checkbox"/>	Outer shell: no burns, charring, tears, holes, or fraying	<input type="checkbox"/>	<input type="checkbox"/>	Hardware: snaps, zippers, Velcro, and other closures are functioning properly
<input type="checkbox"/>	<input type="checkbox"/>	Liner: no tears, holes, or fraying	<input type="checkbox"/>	<input type="checkbox"/>	Proper fit recommended
<input type="checkbox"/>	<input type="checkbox"/>	Check for proper glove-to-coat interface			
<input type="checkbox"/>	<input type="checkbox"/>	Proper fit recommended			
<p>Items to be removed from service:</p>					
<p>See Jones & Bartlett, <i>Live Fire Training</i>, 124-125.</p>					

FIRE DEPARTMENT

FIRE TRAINING ANNOUNCEMENT

The _____ Fire Department will be conducting ***LIVE FIRE TRAINING*** in your area on _____ (month) _____ (day), 20____ (year).

This training will be conducted using live fire and smoke located at _____ (address). As always, _____ Fire Department is committed to the community by proactively conducting “real” training in order to provide the highest quality of service to you in the event of an emergency. We hope that our training will not interfere with your normal activities.

We thank you for your patience and support. If you have any questions, please feel free to contact us at _____ or _____.

Thank you,

(Name)
Title

_____ Fire Department

Figure 3

Site Inspection Worksheet – Residential Properties			
Instructor's names:		Date:	
		Construction date:	
Site address:		Parcel #/PIN:	
Comments:			
Category	Items	Description/Location/Notes	Quantity
Universal wastes	Fluorescent/HID fixtures		
	Batteries		
	Mercury devices		
Building materials	Exterior siding		
	Roofing		
	Paint condition		
	Mold condition		
	Septic system		
	Wells		
	Treated wood		
Refrigerants	Air conditioner		
	Refrigerator/ice box		
	Other		
Household wastes	Waste oil		
	Fuel		
	Paints/solvents		
	Household cleaners		
	Yard care products		
	Other		
Building structures	Basement/crawl space		
	Garage		
	Shed		
	Other		

Other potential issues:

Figure 4

Live Structural Fire Training Facility Inspection											
Region: _____											
Facility: _____											
Date: _____											
Inspected by: _____											
<p style="text-align: center;">Legend: ✓ = Ok N = Noteworthy D = Requires attention</p>											
<p>GENERAL</p> <p>(1) _____ Floors, walls, stairs, and other structural components appear capable of withstanding the weight of the contents, participants, and accumulated water.</p>											
<p>EXTERIOR</p> <p>(2) _____ Perimeter lighting</p> <p>(3) _____ General appearance</p> <p>(4) _____ Exterior of structure</p> <p>(5) _____ Windows</p> <p>(6) _____ Doors</p> <p>(7) _____ Railings</p> <p>(8) _____ Stairs</p>											
<p>INTERIOR</p> <p>(9) _____ Housekeeping (swept clean, no fuel storage on fire floor)</p> <p>(10) _____ Windows/shutters</p> <p>(11) _____ Functional doors</p> <p>(12) _____ Lined ceilings/walls (crazing, cracking, delamination, metal mesh visible)</p> <p>(13) _____ High temperature linings (loose/damaged tile, exposed bolts)</p> <p>(14) _____ Burn racks</p> <p>(15) _____ Fuel inventory/storage</p>											
<p>OTHER</p> <p>(16) _____</p> <p>(17) _____</p>											
<p>Documentation of Issues:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; padding: 5px;">Item #</th> <th style="padding: 5px;">Description</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>		Item #	Description								
Item #	Description										
<p><i>Note:</i> If damage is present in approved burn rooms, use the form on the reverse side to specify the details of the damage.</p>											
<div style="display: flex; justify-content: space-between;"> NFPA 1403, Figure A.6.2.1.1 Page 1 of 2 </div>											

(continued)

Live Structural Fire Training Facility Inspection (continued)

Describe damage in detail below and attach photos.

Floor:

Room:

Wall or ceiling:

Area involved (ft² or in.²):

Damage description:

Distance in Feet of the Entire Burn Room																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Distance in Feet of the Entire Burn Room	1																			
	2																			
	3																			
	4																			
	5																			
	6																			
	7																			
	8																			
	9																			
	10																			
	11																			
	12																			
	13																			
	14																			
	15																			
	16																			
	17																			
	18																			
	19																			
	20																			

Indicate the entire size of the burn room and the exact area that is damaged.

Figure 5

NOTICE OF CANCELLATION OR NONRENEWAL

of

KIND OF POLICY

POLICY NO.	ISSUED THROUGH AGENCY OR OFFICE AT:	CANCELLATION OR TERMINATION WILL TAKE EFFECT AT: (DATE) (HOUR-STANDARD TIME)	DATE OF NOTICE

INSURANCE COMPANY:**NAME OF ADDRESS OF INSURED:**

(Applicable item is marked ☒)

CANCELLATION

☐ You are hereby notified in accordance with the terms and conditions of the above-mentioned policy that your insurance will cease at and from the hour and date mentioned above.

If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective.

If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

NONRENEWAL

☐ You are hereby notified in accordance with the terms and conditions of the above-mentioned policy that your insurance will cease at and from the hour and date mentioned above due to nonpayment of premium. A bill for the premium earned to the time of cancellation will be forwarded in due course.

☐ You are hereby notified in accordance with the terms and conditions of the above-mentioned policy that the above-mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

IMPORTANT NOTICE

☐ In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency:

NAME _____

ADDRESS

Authorized Representative

Figure 6

Release Form	
_____	Fire Department
Address _____	
City/County _____	State _____
Date _____	
Having agreed with the Building Official, City/County of _____	
That a structure owned by me and located at: _____	
is unfit for human habitation and is beyond rehabilitation, I further agree that the structure should be demolished. In order that demolition may be accomplished, I give my consent to the City/County of _____	
To demolish, by burning or other means, the said structure. I further release the City/County of _____	
From any claim for loss resulting from such demolition.	
_____ Owner/Agent	
_____ Owner/Agent	
_____ Witness	

NFPA 1403, Figure A.9.1.2(b), Sample Release Form

Figure 7

LIVE FIRE	
Responsibilities of Personnel Checklist	
Lead Instructor	Safety Officer
_____ 1. Plan and coordinate all training activities	_____ 1. Prevent unsafe acts
_____ 2. Monitor activities to ensure safe practices	_____ 2. Eliminate unsafe conditions
_____ 3. Inspect training structure integrity prior to each fire	_____ 3. Intervene and terminate unsafe acts
_____ 4. Assign instructors:	_____ 4. Supervise additional safety personnel, as needed
<input type="checkbox"/> Attack hose lines	_____ 5. Coordinate lighting of fires with the lead instructor
<input type="checkbox"/> Backup hose lines	_____ 6. Ensure compliance of participants' personal equipment with applicable standards:
<input type="checkbox"/> Functional assignments	<input type="checkbox"/> Protective clothing
<input type="checkbox"/> Teaching assignments	<input type="checkbox"/> Self-contained breathing apparatus (SCBA)
_____ 5. Brief instructors on responsibilities:	<input type="checkbox"/> Personal alarm devices, where used
<input type="checkbox"/> Accounting for assigned students	_____ 7. Ensure that all participants are accounted for, both before and after each evolution
<input type="checkbox"/> Assessing student performance	
<input type="checkbox"/> Clothing and equipment inspection	Ignition Officer/Team
<input type="checkbox"/> Monitoring safety	_____ 1. Ignite, maintain, and control the materials being burned
<input type="checkbox"/> Achieving tactical and training objectives	_____ 2. Recognize, report, and respond to any adverse conditions
_____ 6. Assign coordinating personnel, as needed:	_____ 3. Staff dedicated charged line (Acquired structures)
<input type="checkbox"/> Emergency Medical Services	_____ 4. Team should rotate duties to prevent overheating and thermal saturation
<input type="checkbox"/> Communications	_____ 5. Coordinate ignition with lead instructor
<input type="checkbox"/> Water supply	Student
<input type="checkbox"/> Apparatus staging	_____ 1. Acquire prerequisite training
<input type="checkbox"/> Equipment staging	_____ 2. Become familiar with building layout
<input type="checkbox"/> Breathing apparatus	_____ 3. Wear approved full protective clothing
<input type="checkbox"/> Personnel welfare	_____ 4. Wear approved SCBA
<input type="checkbox"/> Public relations	_____ 5. Obey all instructions and safety rules
_____ 7. Ensure adherence to the Utah Live Fire Training Standard by all persons within the training area	_____ 6. Provide documentation of prerequisite training, if from an outside agency
Assistant Instructor	
_____ 1. Monitor and supervise assigned students (no more than 5 per instructor)	
_____ 2. Inspect student's protective clothing and equipment	
_____ 3. Account for assigned students, both before and after evolutions	

NFPA 1403, Figure C.1, Checklist for Responsibilities of Personnel

Figure 8

LIVE FIRE EVOLUTION CHECKLIST

* To be used in conjunction with Preburn and Postburn Checklists

PERMITS, DOCUMENTS, NOTIFICATIONS, INSURANCE

- ___ 1. Written documentation received from owner:
 - ☐ Permission to burn structure
 - ☐ Proof of clear title
 - ☐ Certificate of insurance cancellation
 - ☐ Acknowledgment of postburn property
- ___ 2. Local burn permit received
- ___ 3. Permission obtained to utilize fire hydrants
- ___ 4. Notification made to appropriate dispatch office of date, time, and location of burn
- ___ 5. Notification made to all affected police agencies:
 - ☐ Received authority to block off roads
 - ☐ Received assistance in traffic control
- ___ 6. Notification made to owners and users of adjacent property of date, time, and location of burn
- ___ 7. Liability insurance obtained covering damage to other property
- ___ 8. Written evidence of prerequisite training obtained from participating students from outside agencies
- ___ 9. * Environmental hazards: i.e., asbestos, mercury, batteries, etc.

PREBURN PLANNING

- ___ 1. Preburn plans made, showing the following:
 - ☐ Site plan drawing, including all exposures
 - ☐ Floor plan detailing all rooms, hallways, and exterior openings
 - ☐ Location of command post
 - ☐ Position of all apparatus
 - ☐ Position of all hoses, including backup lines
 - ☐ Location of emergency escape routes
 - ☐ Location of emergency evacuation assembly area
 - ☐ Location of ingress and egress routes for emergency vehicles
- ___ 2. Available water supply determined
- ___ 3. Required fire flow determined for the acquired structure/live fire training structure/burn prop and exposure buildings
- ___ 4. Required reserve flow determined (50 percent of fire flow)
- ___ 5. Apparatus pumps obtained that meet or exceed the required fire flow for the building and exposures
- ___ 6. Separate water sources established for attack and backup hose lines
- ___ 7. Periodic weather reports obtained
- ___ 8. Parking areas designated and marked:
 - ☐ Apparatus staging
 - ☐ Ambulances
 - ☐ Police vehicles
 - ☐ Press vehicles
 - ☐ Private vehicles
- ___ 9. Operations area established and perimeter marked
- ___ 10. Communications frequencies established, equipment obtained

TRAINING STRUCTURE PREPARATION

- ___ 1. Training structure inspected to determine structural integrity
- ___ 2. All utilities disconnected (acquired structures only)
- ___ 3. Highly combustible interior wall and ceiling coverings removed
- ___ 4. All holes in walls and ceilings patched
- ___ 5. Materials of exceptional weight removed from above training area (or area sealed from activity)
- ___ 6. Ventilation openings of adequate size precut for each separate roof area
- ___ 7. Windows checked and operated, openings closed
- ___ 8. Doors checked and operated, opened or closed, as needed
- ___ 9. Training structure components checked and operated:
 - ☐ Roof Scuttles
 - ☐ Automatic ventilators
 - ☐ Mechanical equipment
 - ☐ Lighting equipment
 - ☐ Manual or automatic sprinklers
 - ☐ Standpipes
- ___ 10. Stairways made safe with railings in place
- ___ 11. Chimney checked for stability
- ___ 12. Fuel Tanks and closed vessels removed or adequately vented
- ___ 13. Unnecessary inside and outside debris removed
- ___ 14. Porches and outside steps made safe
- ___ 15. Cisterns, wells, cesspools, and other ground openings fenced or filled
- ___ 16. Hazards from toxic weeds, hives, and vermin eliminated
- ___ 17. Hazardous trees, brush, and surrounding vegetation removed
- ___ 18. Exposures such as buildings, trees, and utilities removed or protected
- ___ 19. All extraordinary exterior and interior hazards remedied
- ___ 20. Fire "sets" prepared:
 - ☐ Class A Materials only
 - ☐ No flammable or combustible liquids
 - ☐ No contaminated materials

PREBURN PROCEDURES

- ___ 1. All participants briefed:
 - ☐ Training structure layout
 - ☐ Crew and instructor assignments
 - ☐ Safety rules
 - ☐ Training structure evacuation procedure
 - ☐ Evacuation signal (demonstrate)
- ___ 2. All hose lines checked:
 - ☐ Sufficient size for the area of fire involvement
 - ☐ Charged and test flowed
 - ☐ Supervised by qualified instructors
 - ☐ Adequate number of personnel
- ___ 3. Necessary tools and equipment positioned

LIVE FIRE EVOLUTION CHECKLIST

* To be used in conjunction with Preburn and Postburn Checklists

PREBURN PROCEDURES (continued)

- ___ 4. Participants checked:
- ☐ Approved full protective clothing
 - ☐ Self-contained breathing apparatus (SCBA)
 - ☐ Adequate SCBA air volume
 - ☐ All equipment properly donned

POSTBURN PROCEDURES

- ___ 1. All personnel accounted for
- ___ 2. Remaining fires overhauled, as needed
- ___ 3. Training structure inspected for stability and hazards where more training is to follow
- ___ 4. Training after action conducted
- ___ 5. Records and reports prepared, as required:
- ☐ Account of activities conducted
 - ☐ List of instructors and assignments
- ___ 6. Building and property released to owner, release document signed
- ___ 7. * Conduct a competent third-person inspection of overhaul for training that included live fire. This is necessary to confirm complete fire extinguishment.
- ___ 8. * Cover or secure all openings on premises if demo is not to be completed within the next 24 hours.
- ☐ Documentation of unusual conditions or events
- ☐ Documentation of injuries incurred and treatment rendered
- ☐ Documentation of changes or deterioration of live fire training structure
- ☐ Acquired structure release
- ☐ Student Training Records
- ☐ Certificates of completion

RELEASE FORM

Having agreed with the Building Official, City/County of _____, that a structure owned by me and located at _____, City/County of _____, *State _____, is unfit for human habitation and is beyond rehabilitation, I further agree that the structure should be demolished. In order that demolition may be accomplished, I give my consent to the City/County of _____ to demolish, by burning or other means, the said structure.

I further release the City/County of _____ from any claim for loss resulting from such demolition.

Fire Department _____

Address _____

City/County _____ *State _____

Date _____

Owner/Agent _____

Owner/Agent _____

Witness _____

Figure 9

LIVE FIRE PREBURN CHECKLIST

Department Name: _____

Date of Class: _____ **Time of Class:** _____

Class Location/Address: _____

Print name for the following:

Lead Instructor: _____

Additional Instructors:

Safety Officer: _____

Ignition Officer/Team: _____

Assistant Instructor: _____

Other: _____

Instructions: Place a check mark in the box next to each item as you complete it. Place an “R” or circle around the check box if the item requires additional documentation.

Meeting with Instructors

- | | | |
|---|--|---|
| <input type="checkbox"/> Students/Instructors signed in | <input type="checkbox"/> PASS checked | <input type="checkbox"/> Water supply |
| <input type="checkbox"/> Instructor assignments made | <input type="checkbox"/> Incident Commander | <input type="checkbox"/> Safety Officer |
| <input type="checkbox"/> Ignition Officer assigned | <input type="checkbox"/> Student Instructor | <input type="checkbox"/> Backup line |
| <input type="checkbox"/> Rapid Intervention Team (RIT) identified | <input type="checkbox"/> Review student performance objectives | |
| <input type="checkbox"/> Apparatus used and assignment made | | |

Weather/Training Site Inspection

- | | |
|---|--|
| <input type="checkbox"/> Identify Operations Area | <input type="checkbox"/> Training postponed, canceled, or rescheduled due to weather |
| <input type="checkbox"/> Check for obstructions both overhead and around the area | <input type="checkbox"/> Spectators restricted to outside Hot Zone (minimum 100' in all directions) |
| <input type="checkbox"/> Safe area identified for PIO/Media/VIP | <input type="checkbox"/> Check for safe training area (ice, good drainage, exposures, or obstructions) |

Prop Inspection

- | | |
|--|---|
| <input type="checkbox"/> Inspect the prop for any damage and document if necessary | <input type="checkbox"/> Inspect doors, windows, scuttles to verify proper function |
| <input type="checkbox"/> Search structure (ensure no persons are inside prior to ignition) | <input type="checkbox"/> Remove any debris hindering access or egress of firefighters |

Health and Safety

- | | |
|---|---|
| <input type="checkbox"/> Accountability of students, instructors, and testers | <input type="checkbox"/> Medical Plan in place (call 911 or have local assets in place) |
| <input type="checkbox"/> RIT – Outfit the RIT with proper equipment | <input type="checkbox"/> Ensure that students are monitored (health condition and vitals) |
| <input type="checkbox"/> Rehab needs are met | <input type="checkbox"/> Fires are not set in any exit paths |
| <input type="checkbox"/> Decision to ignite by Lead Instructor in coordination with the Safety Officer (SO) | <input type="checkbox"/> Fire started by Ignition Officer |
| | <input type="checkbox"/> Rehab area: out of smoke and extreme weather |

Preburn Briefing

- | | |
|--|--|
| <input type="checkbox"/> Pre-evolution briefing: assignments made | <input type="checkbox"/> Establish accountability meeting place |
| <input type="checkbox"/> SCBA malfunction procedures discussed | <input type="checkbox"/> Conduct a walk-through with all students pointing out exits; and demonstrate how doors and windows function |
| <input type="checkbox"/> Establish evacuation plan and alarm | |
| <input type="checkbox"/> No person to play the role of a victim inside during the live fire training | |

(In continuation of Figure 9)

Water Supply

- ☐ All lines capable of at least 95 GPM
- ☐ All attack and backup lines are a minimum of 1½" in diameter
- ☐ In accordance with the Utah Live Fire Training Standard, determine the number of attack and backup lines needed
- ☐ Two water supply sources: 1. a booster tank with a minimum of 500 gallons or 2. uninterrupted source(s) with either a minimum 1,500 gallon-tender or an adequate fire hydrant

Personal Protective Equipment

- ☐ Safety Officer or Lead Instructor to inspect all PPE prior to use and entry into the burn structure
- ☐ PASS devices inspected and used
- ☐ Complete PPE to be worn: helmet, gloves, hood, turnout pants, turnout coat, boots, SCBA
- ☐ All PPE to be worn and used in accordance with manufacturer's requirements

Complete the Site Plan

- ☐ Location of pumper listed
- ☐ Water source and supply line locations documented
- ☐ Address any obstructions or exposures and document in the "Additional detail or suggestions" box below
- ☐ Location of attack and backup lines documented

Signatures for class start:

Lead Instructor

(Print Name): _____

Lead Instructor

(Signature): _____

Date: _____

Agency dispatch notified of Live Fire Training:

Notification Date
and Time: _____

Signature of Agency Rep: _____

Position: _____

Verification of dispatch notification – Lead Instructor:

*Signature of Lead
Instructor:* _____

Notification Date
and Time: _____

Additional detail or suggestions:

Figure 10

LIVE FIRE POSTBURN CHECKLIST

Department Name: _____

Date of Class: _____ **Time of Class:** _____

Class Location/Address: _____

Print name for the following:

Lead Instructor: _____

Additional Instructors:

Safety Officer: _____

Ignition Officer/Team: _____

Assistant Instructor: _____

Other: _____

Instructions: Place a check mark in the box next to each item as you complete it. Place an “R” or circle around the check box if the item requires additional documentation.

Equipment Inventoried

- ☐ Expendable supplies (excelsior, and amount remaining)
- ☐ Document any item broken or missing

- ☐ Operational equipment (hose, nozzles, SCBAs, etc.) all inventoried, items tagged, and shortages Noted

Postburn Briefing

- ☐ Inspection of PPE by the Safety Officer or Lead Instructor for instructor and students
- ☐ Training objectives met
- ☐ Student evolution debriefing completed

- ☐ Gross decon of student PPE. Advise on NFPA standard for PPE cleaning and follow AHJ policy
- ☐ Inspect SCBAs

Prop Inspection and Cleanup

- ☐ All burnt materials placed in metal dumpster
- ☐ Floors swept
- ☐ Doors, windows, and scuttles properly secured for transport

- ☐ All materials completely extinguished
- ☐ Shovels, brooms properly stored
- ☐ All particle board, sheetrock, and other stock materials placed in proper storage areas

Document any item regarding prop inspection and cleanup

Course Materials

- ☐ Student books
- ☐ Instructor materials, injury reports
- ☐ Agency equipment damage noted
- ☐ Other

LIVE FIRE POSTBURN CHECKLIST (continued)

Signatures for class completion:

Lead Instructor

(Print Name):

Lead Instructor

(Signature):

Date:

Agency dispatch notified that live fire training has concluded:

Notification Date
and Time:

Signature of Agency Rep:

Position:

Verification that agency dispatch has been notified that training has concluded:

Signature of Lead

Instructor:

Notification Date
and Time:

Name of dispatcher (POC):

Additional information:

--

Insert Header

MEDIA ANNOUNCEMENT

Subject: _____
Release Date: _____

On _____ (month) _____ (day), 20____ (year) at _____ (time) AM/PM the
_____ Fire Department will be conducting **LIVE**
FIRE TRAINING located at (address):

City _____
County _____, Utah.

This fire training will be conducted with live fire and possibly heavy smoke. The following safety measures will take place:

- _____ street/road will be closed to through traffic from
_____ AM/PM to _____ AM/PM.
- Detours will be provided to route traffic around the road closure (as needed).
- Other: _____
- We ask bystanders to please refrain from entering the training ground and surrounding area.

As always, _____ Fire Department is committed to the community by proactively conducting “real” live fire training in order to provide the highest quality of service in the event of an emergency.

For more information, please contact:

(Name)

(Job Title)

(Phone)

(Email)

Figure 12

First Report of Employee Injury/Accident Form		
Employee Information		
I am reporting a work-related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss		
Employee Name: (Last, First, Middle): _____ , _____		
Best Contact Number: _____	Work Number: _____	
Address: _____		City/County: _____
State: _____	ZIP: _____	
Department: _____	Job Title: _____	
Supervisor: _____	Job Title: _____	
Work Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer		
Shift Hours: <input type="checkbox"/> A Shift <input type="checkbox"/> B Shift <input type="checkbox"/> C Shift Weekly Total Hours: _____		
Injury Information		
This form must be submitted within 24 hours of the injury		
Injury Date: _____	Injury Time: _____ (AM/PM)	Time employee began work: (AM/PM) _____
Location where the injury occurred (be specific): _____		
Describe the injury (be specific): _____		
What parts of your body were injured? _____		
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you see a doctor for your injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date seen? _____		
Name and address of Physician/Health care provider, if seen: _____		
Treatment Type: <input type="checkbox"/> No Medical Treatment <input type="checkbox"/> First Aid Only <input type="checkbox"/> Work-Med <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalized Overnight <input type="checkbox"/> Other		
List all equipment, materials, or chemicals that were being used: _____		
Were safeguards or safety equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No
List Safeguards: _____		
Was Supervisor notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Witnesses (Name and Number): _____		
Employee Signature: _____		Date: _____
Human Resource Use		
Date submitted form: _____	Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Claim Number: _____		
HR Representative Signature: _____		Date: _____

APPENDIX A.1
EXAMPLE OF AN INCIDENT ACTION PLAN
(for acquired structures)
Not all inclusive

Documents approved by the Authority Having Jurisdiction (AHJ) have priority.
The following figures are samples of what should be used as needed.

Figure 13

INCIDENT OBJECTIVES (ICS 202)			
Incident Name: Acquired Structure IAP Incident Number: _____ Objective(s):	Operational Period: Date: _____ To: _____ Time: _____ To: _____		
Event Priorities: <ol style="list-style-type: none"> 1. Safety – Instructors and students 2. Event Control – Provide structured, formal training to a set group of students 3. Facilities – Verify that acquired structure documents are complete and filed 			
Management Objectives: <ol style="list-style-type: none"> 1. Complete training evolutions as per plan and schedule 2. Gain additional skills by applying practical applications as directed 3. Maintain accountability of all students, instructors and staff via use of ICS 204's instructor assignment lists and student rosters. 			
Control Objectives: <ol style="list-style-type: none"> 1. Establish ICP 2. Provide IAP 3. Provide technical and logistical support 4. Create mapping and acquired structure directions, parking and staging as per IAP. 5. Provide situational awareness and updates 6. Conduct a course evaluation at the end of the training session 			
Operational Period Command Emphasis: _____ _____ _____			
General Situational Awareness: _____ _____			
Site Safety Plan Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved Site Safety Plan(s) location: _____			
Incident Action Plan Items Included: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> ICS 201</div> <div style="width: 25%;"><input type="checkbox"/> ICS 202</div> <div style="width: 25%;"><input type="checkbox"/> ICS 203</div> <div style="width: 25%;"><input type="checkbox"/> ICS 204</div> <div style="width: 25%;"><input type="checkbox"/> ICS 205</div> <div style="width: 25%;"><input type="checkbox"/> ICS 205A</div> <div style="width: 25%;"><input type="checkbox"/> ICS 206</div> <div style="width: 25%;"><input type="checkbox"/> ICS 207</div> <div style="width: 25%;"><input type="checkbox"/> ICS 208</div> <div style="width: 25%;"><input type="checkbox"/> ICS 215A</div> <div style="width: 25%;"><input type="checkbox"/> Map/Chart</div> <div style="width: 25%;"><input type="checkbox"/> Weather Forecast, Currents, etc.</div> <div style="width: 50%; margin-top: 5px;"> Other: <input type="checkbox"/> Class Schedules <input type="checkbox"/> Off Site Maps with Logs diagrams <input type="checkbox"/> Schedule of Events <input type="checkbox"/> Division Assignment Org </div> </div>			
Incident Commander Name and Signature: _____ Date: _____			
Prepared by: _____ Title: _____ Date: _____			
ICS 202			Page: _____

Figure 14

INCIDENT BRIEFING (ICS 201)			
Incident Name:	Acquired Structure IAP	Operational Period:	
Incident Number:	_____	Date: _____	To: _____
Map/Sketch:		Time: _____	To: _____
Include sketch, describing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment.			
Situation Summary (for briefings and transfer of command):			
Current and Planned Objectives:			
Current and Planned Actions, Strategies, and Tactics			
Time:	Actions:		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
<input type="checkbox"/> Attach Current Organization Chart			
<input type="checkbox"/> Attach Resource Summary which includes the following:			
<input type="checkbox"/> Resource(s) <input type="checkbox"/> Identifier <input type="checkbox"/> Date Ordered <input type="checkbox"/> ETA <input type="checkbox"/> Notes Arrived <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prepared by: _____		Title: _____	
Date: _____			
ICS 201		Page: _____	

Figure 15

ORGANIZATION ASSIGNMENT LIST (ICS 203)				
Incident Name:	Acquired Structure IAP		Operational Period:	
Incident Number:		Date:		To:
		Time:		To:
Incident Commander(s) and Staff:				
IC/UC's:				
Deputy:				
Lead Instructor:				
Safety Officer(s):				
Ignition Officer/Team:				
Assistant Instructor(s):				
Other:				
Planning:				
Logistics:				
Operations:				
Support:				
Service:				
ASSIGNMENT LIST (ICS 204)				
Resources Assigned:				
Resource Identifier	Leader	# of Persons	Contact Info	Reporting Location, equipment, notes:
Attached additional assignments: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work Assignments:				
Special Instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:				
Prepared by: _____		Title: _____		
Date: _____				
ICS 203/204		Page: _____		

Figure 16

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Incident Name: Acquired Structure IAP

Operational Period:

Incident Number: _____

Date: _____ To: _____

Time: _____ To: _____

Basic Radio Channel Use:

[illegible]

Special Instructions:

COMMUNICATIONS LIST (ICS 205A)

[illegible]

Prepared by: _____ **Title:** _____

Date: _____

ICS 205/205A

Page: _____

Figure 17

MEDICAL PLAN (ICS 206)

Incident Name: Acquired Structure IAP

Operational Period:
Incident Number: _____

Date: _____ To: _____

Time: _____ To: _____

Medical Aid Stations:

Name (Last, First)	Location	Contact Number(s)	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

Hospitals:

Hospital Name:	Address:	Contact Number/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Medical Emergency Procedures:☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

Prepared by: _____ **Title:** _____

Date: _____

ICS 206

Page: _____

Figure 18

SAFETY MESSAGE/PLAN (ICS 208)		
Incident Name:	Acquired Structure IAP	Operational Period:
Incident Number:	_____	Date: _____ To: _____
Prepared:	Date: _____ Time: _____	Time: _____ To: _____
Prepared by:	_____	Title: _____
Safety Message: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>		
Safety Plan: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>		
Additional Safety Information: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>		
Incident Action Plan Safety Analysis (ICS 215A)		
Incident Area	Hazards/Risks	Mitigations
Prepared: Date: _____ Time: _____		
Prepared by: _____		Title: _____
ICS 208/215A		Page: _____

APPENDIX B
IN-HOUSE PROCTOR INSTRUCTIONS

Proctor Instructions for In-House Comprehensive Examinations

As the training officers for your department, you are authorized by the Certification Council to conduct an in-house skills examination (100%) for this level of certification. You must be certified to the level that you are testing. For example, if you're FF II you can test both FF I and II, Awareness and Operations. The in-house skills examination must be completed and signed off prior to the actual certification spot check exam (completed by a UFRA certification tester).

- **Prior to conducting the test, review each candidate's Training Record**

It is important that before doing this in-house training skills test, that the candidate has completed training in all areas for the level being tested.

- **Safety Officer selected and briefed**

Select a Safety Officer to assist you during the test. This person is there to protect the candidates from injury during the testing process, is not taking the test, and is not assisting with the testing process.

To better evaluate the skills being tested and determine the candidate's readiness for the State Spot Check exam, follow these in-house exam instructions:

1. This is a TEST and there should be NO COACHING or TRAINING during the testing process. If a candidate fails to perform a skill, that skill will count as a first attempt failure, and they will be given a second attempt. If they fail a second attempt, they need to be retrained on that skill and tested again. Only **qualified** candidates that have passed with **100%** should be allowed to take the State Spot Check exam.
2. Before beginning the testing process conduct a meeting with all candidates and review the testing process. Explain that this is a test and that the same process being used for the in-house will be used during the state exam.
3. Designate two separate areas for students testing: One area for those who are in the testing process and one area for those who have not yet begun the testing process. If separate areas are not available, make sure someone is in the room to ensure that students do not discuss the testing material. Make sure these areas have no training manuals or other reference materials for students to look at while awaiting testing.
4. To evaluate a candidate's performance, use the following as a guide:
 - a. The skill is completed in the allotted time.
 - b. Competence is shown by completing all performance criteria.
 - c. Safety is shown while completing the skill.
5. At each test station the tester will read the skill to be demonstrated, the condition to be met and the time limit to complete each skill. This information is contained in the skill section of each standards packet. Do this with each student as they come to each testing station. Ask for any questions. As each skill is tested and completed, sign it off in the section provided on the candidate's Training Record.

By conducting the in-house skills examination in this manner, you will prepare your candidates to successfully pass the State Spot Check exam. This will also assure that training records are current and that only those who are truly prepared take the Certification Examination.

APPENDIX C
CERTIFICATION FORMS



Utah Fire Service Certification Council

Intent to Participate

Organization Information

Department / Organization Name: _____

Department / Organization Type: Fire Career ☐ Non-Affiliate ☐
 Volunteer ☐ EMS ☐
 Combo ☐ Other _____

Department Address

Must be the department/entity address information, not for an individual.

Mailing Address: _____

(city) (county) UT (zip code)

Physical Address: _____

(city) (county) UT (zip code)

Department Leadership

Two representatives for each entity must be listed, typically the Chief & Training Officer. If an individual listed holds another position, please note.

Chief / Administrator Name: _____

Email Address: _____ Dept ☐ Personal ☐

Phone: _____ Dept ☐ Personal ☐

2nd Phone: *optional* _____ Dept ☐ Personal ☐

Training Officer Name: _____

Email Address: _____ Dept ☐ Personal ☐

Phone: _____ Dept ☐ Personal ☐

2nd Phone: *optional* _____ Dept ☐ Personal ☐

Organization Acknowledgements / Signatures

Participating organizations who are non-fire entities will be billed \$90 per certification.

By signing below I/we certify that the information listed is true and correct. I/we also certify that the above listed department / organization will follow all policies and procedures of the Utah Fire Service Certification System.

Chief / Administrator Signature: _____

Date: _____

Training Officer Signature: _____

Date: _____

Certification Office Only

Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway
Provo, UT 84601

Email: UFRACertification@uvu.edu Fax: 801-374-0681
Phone: 801-374-0682

Rev. 04.06.2022

Utah Fire Service Certification Council

EXAMINATION REQUEST

Department / Agency Name: _____ Date: _____

This exam is in conjunction with a UFRA offered course. ☐ No ☐ Yes Provide UFRA course ID #: _____

- Complete **all** information on **both** pages of this form.
- **Submit to the certification office AT LEAST 30 DAYS PRIOR to the requested examination date.**
- A separate request **MUST** be made for each level of certification exam desired and for each exam date.

EXAM TYPE (Place an "X" in the boxes that apply)

Certification exam level requested: _____

* If a Department Tester administers their own department's written exam, the written and skills exams may be scheduled on different days.

<input type="checkbox"/> WRITTEN	<input type="checkbox"/> 1 ST ATTEMPT	<input type="checkbox"/> 2 ND ATTEMPT	<input type="checkbox"/> 3 RD ATTEMPT	
<input type="checkbox"/> SKILLS	<input type="checkbox"/> 1 ST ATTEMPT	<input type="checkbox"/> 2 ND ATTEMPT	<input type="checkbox"/> 3 RD ATTEMPT	

	Exam Date	Exam Time
	*Please allow 2 hours for each written exam	
	Exam Date	Exam Time

Number of persons taking **WRITTEN** Exam

Number of persons taking **SKILLS** Exam

EXAM LOCATION

Examination requested to be conducted at (location): _____

Street Address: _____ City: _____ ZIP: _____

AUTHORIZATION

By signing below, I acknowledge that each candidate is currently affiliated with an agency approved by the UFSCC. I also acknowledge that completed training records exist for each candidate testing. The record states that each candidate testing has received a learning experience in each subject area required for testing and has met all other requirements as specified in the Certification Policies and Procedures. For skills testing to occur, the completed training record(s) **must** be presented at the test site.

I acknowledge that an approved **Safety Officer(s)** will be assigned and provided by the AHJ.

Safety Officers must be certified or qualified at the level of the skills examination.

Department / Agency requesting the above exam(s) will have appropriate space, safe accommodations, and all equipment / props as required for testing.

☐ **If completing this form electronically, check box to acknowledge you agree and comply with this statement. This will serve as your signature.**

Chief / Administrator Signature

Training Officer Signature

Chief / Administrator Name (typed or printed)

Training Officer Name (typed or printed)

Department / Agency Mailing Address

Chief / Training Officer Daytime Telephone #

City

State

ZIP

Chief / Training Officer Email Address

ACCOMMODATION

If a candidate needs reasonable accommodation for a learning disability or other condition affecting the candidate's ability to complete the written examination, accommodation can be made. Please contact the certification office for assistance.

Utah Fire Service Certification Council
EXAMINATION REQUEST

If using an authorized department tester for the written exam, complete the following information.

Tester

Title

Tester #

List the names and departments of participants who will be taking the examination.

Candidate Name(s)	Department / Agency
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	

Submit Request To:
Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway Provo UT 84601
Email: UFRACertification@uvu.edu
Phone Toll Free: 801-863-7709

Utah Fire Service Certification Council CERTIFICATION / RECERTIFICATION REQUEST

Department Information

The following department/participating agency requests that the Utah Fire Service Certification Council certify / recertify the individuals listed on this form.

Department / Agency Name: _____ Date: _____

Certification or Recertification

(Place an "X" in the box that applies)

☐

Certification

☐

Recertification

Required Documentation and Signatures

For **CERTIFICATION**, the chief or administrator of the organization shall attest and sign for the conditions listed.

By my signature below, I certify that department records exist to support each individual listed on this form:

1. Received a learning experience in each subject area required for certification.
2. Successfully passed the state certification written exam for the level of certification being requested.
3. Successfully passed the in-house comprehensive skills exam as described in the certification standard (where applicable).
4. Successfully passed the state certification skills exam for the level of certification being requested (where applicable).
5. Has met all other requirements for the level being examined as specified in the certification standard.
6. Is a member and in good standing with the department or organization.
7. Has not been convicted of a felony, capital crime, or a felony plea-bargained down to a misdemeanor.

For **RECERTIFICATION**, the chief or administrator of the organization shall attest and sign for the conditions listed.

By my signature below, I certify that department records exist to support each individual listed on this form:

1. Remained active and in good standing with the department or organization for the past three years.
2. Successfully maintained all skills required for the levels of certification held.
3. Successfully completed a minimum of 36 hours of training each year or a total of 108 hours of training within the past three years.
4. Has met all other requirements for the recertification of levels requested as specified in the UFSCS Policies and Procedures.

☐

If completing this form electronically, check box to acknowledge you agree and comply with the statements above. This will serve as your signature.

Chief / Administrator / Training Officer Signature

Chief / Administrator Name (typed or printed)

Training Officer Name (typed or printed)

Department / Agency Mailing Address

Chief / Training Officer Daytime Telephone #

City

State

ZIP

Chief / Training Officer Email Address

Please sign and return to:
Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway Provo UT 84601
Email: UFRACertification@uvu.edu
Phone Toll Free: 801-863-7709

Utah Fire Service Certification Council
CERTIFICATION / RECERTIFICATION REQUEST

Department / Agency Name

Date

Complete ALL fields requested. For recertification, enter “RECERT” in the Level Requested field.

Applicant's Full Name	Social Sec # (last four digits)	Date of Birth (mm/dd/yyyy)	Level Requested
1.		___/___/____	
2.		___/___/____	
3.		___/___/____	
4.		___/___/____	
5.		___/___/____	
6.		___/___/____	
7.		___/___/____	
8.		___/___/____	
9.		___/___/____	
10.		___/___/____	
11.		___/___/____	
12.		___/___/____	
13.		___/___/____	
14.		___/___/____	
15.		___/___/____	
16.		___/___/____	
17.		___/___/____	
18.		___/___/____	
19.		___/___/____	
20.		___/___/____	
21.		___/___/____	
22.		___/___/____	