



Fire Academy Training Plan

Date of evolution(s) : _____

Time(s) of evolution(s) : _____

Company / Department : _____

Requesting Officer : _____

Officer In Charge : _____

Facility Use:

Burn Building _____ Smokehouse _____ Training Grounds _____

Meeting / Classrooms _____ Cascade / Compressor _____ Sprinkler Chock Sta. _____

Confined Space Prop Area _____ Tower _____

Other : _____

Special Equipment Requested:

Engine _____ Aerial/ Ladder _____ Smoke Generator _____ Hose _____

Thermal Imaging Camera _____ Ladders _____ Hand tools _____ Rescue Tools _____

Saws _____ Rescue Randy / victim mannequins _____

Other : _____

Training Evolution Data:

Main focus of evolution (i.e. suppression, search & rescue, SCBA work, extrication, ropes & rigging, specific skill sets, etc.) :

If using burn building:

Live burn _____ First Floor work _____ Second / Third floor work _____

Suppression only _____ Suppression with Search & Rescue _____

Thermal Balance Observation _____ Photos / Video _____ RIT / FAST _____

Positive Pressure Ventilation _____ PPV with suppression work _____

Ladders _____

(Note : any evolution at the second floor division, or above, will require companies to ladder secondary means of access / egress as a part of the evolution.)

If using smoke house:

Providing own means of "smoke" _____

If so, please provide appropriate data elements for product to be utilized PRIOR TO the training evolution.

Additional training evolution information:

Number of FF participating in interior suppression activities _____

Other:

Will you provide any of the following:

Level 2 Fire Instructor _____

Name _____ cert # _____

Name _____ cert# _____

Incident Safety Officer(s) (one safety per floor of work, one exterior)

Name _____ cert # _____

Name _____ cert # _____

Name _____ cert # _____

SCBA/ Smokehouse Instructor

Name _____ cert# _____

Name _____ cert # _____

NOTE: All personnel listed above must have copies of their respective certificates on file at the Academy PRIOR TO the training evolution.

ACADEMY USE ONLY

Date Received : ____/____/____ Received By : _____

Reviewed By : _____

Reviewed With department Rep.: ____/____/____ Dept. Rep. _____

Staff Needed:

Level 2 Instructor(s) _____ Level 1 Instructor (s) _____ ISO (s) _____

SCBA / Smokehouse _____

Officer of the day assigned to : _____