

JAMES VAN DUESEN FIRE TRAINING TOWER

FACILITY ACTIVITY/USAGE REPORT MUST BE FILLED OUT FAXED OR SENT TO COORDINATOR'S OFFICE

Failure to return this report within 7-days, will result in your company or department being denied future use of Facility until REPORT IS RECEIVED

Department: _____

Date of Activity: _____

Time of Activity: From: _____ To: _____

Subject of Activity: _____

Complex Facilities Used:

- | | |
|----------------------------|-------------------------------|
| 1. Grounds _____ | 3. Tower _____ |
| a. Lights _____ | a. Floor Evolution _____ |
| b. Dry Hydrant _____ | b. Roof Evolution _____ |
| c. Municipal Hydrant _____ | c. Burn Evolution _____ |
| d. Confined Space _____ | d. Rope/Net Evolution _____ |
| e. Other _____ | e. Other _____ |
| 2. Maze Building _____ | 4. First Aid Kit _____ |
| a. Smoke Machine _____ | |
| b. Smoke Fuel _____ | 5. Classroom Facilities _____ |

Additional Departments Present: _____

EMS Agency Used: _____

Total Number of Persons: _____ **x** _____ **hrs =** _____ **Man-Hours**

Were facilities in order on arrival? _____

Were Facilities left in order? _____

Signature Name and Title: _____

(BE SURE TO FILL OUT CHECK LIST ON PAGE 2)

FACILITY CHECK LIST

Evolutions Used:

Burn Room and Tower:

Did you turn power off to pyrometer? _____

Did you lock and secure facility? _____

Did you empty burn container into Dumpster? _____

Did you sweep burn room out and wash it down? _____

Did you make sure no refuse** was left around grounds? _____

Drafting:

Did you recap the dry-hydrant? _____

Municipal Water System:

Did you secure shut it down properly? _____

Standpipe System:

Did you drain and cap it? _____

Confined Space:

Did you secure it? _____

Repairs:

Did you notice anything that need repair? _____

IF YES, PLEASE LIST: _____

Did you secure the key's? _____

ADDITIONAL COMMENTS: _____

**** - Refuse includes empty bottles, cans other debris left around participants vehicles etc.**

THANK YOU FOR YOUR CO-OPERATION