Facility Request Package

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SEND REQUEST AS WELL AS ACTIVITY REPORT TO:

Office of the Fire Coordinator
85 Industrial Tract
Hudson, New York 12534

Any question or further information contact:

Columbia County Coordinator - William Hunt

(518) 822-8610 \ FAX (518) 828-2790 \ E-mail: william.hunt@columbiacountyny.com

OR

Training Tower Facilitator - Fred R. Miller Car-5
Phone: (518) 965-3159
E-mail:
E-mail: fcbmmiller2@fairpoint.net OR fredrickrmiller@gmail.com

R’vs’d – September 2017
The County of Columbia has undertaken the responsibility of planning, erecting and utilizing to the best of our abilities, a facility to aid in the training and maintaining of all Columbia County Emergency Service Personnel. This facility will be used to present the most realistic training possible to adequately prepare Emergency Service Personnel with conditions they will be presented with in the field. It is our desire to provide a safe and realistic climate for all training events.

Your adherence to the procedures and guidelines that follow will not only insure your safe utilization of the Training Facility, but also demonstrate to our community that we are a dedicated and responsible group of Emergency Service Personnel.

JAMES VAN DUSEN FIRE TRAINING TOWER GUIDELINES AND PROCEDURES

1. It is the responsibility of the "USING DEPARTMENT" to insure that all personnel are physically fit and medically certified to carry out the planned evolutions. A letter of such statement shall be on record with the Columbia County Coordinator's Office.

2. **There will be no tolerance** of, including but not limited to:
   a. Alcoholic beverages on Training Center grounds.
   b. Horseplay or reckless behavior on Training Center grounds.
   c. SMOKING in any building.
   d. Guns or ammo allowed on grounds with exception of Law Enforcement Agencies using the facility.

3. **Prior to usage of the Training Facility** each fire Company/Department will be required to attend a class that is designed to make them aware of the protocols and procedures involved in using the Facility.

   A. Each Company/Department’s Chief Officer or Training Officer, **meeting the minimum job performance requirements for Fire Instructor 1 in NFPA 1041**, shall attend a training session. **Date, Time and Location to be announced by Deputy Coordinator in charge of the “James Van Duesen Fire Training Tower”**.

      **He or She must fill out and submit the Usage Request Form and be present while using the Training Facility.**

      Failure to have a trained officer/officers overseeing your evolution shall result in the forfeiture of Facility use by your Company/Department as per **3B Misuse of Training Facility**. (Page 2)

   B. The course will cover the Fire Coordinator’s Statement of Intent, Facility Request package and proper procedures for performing live burn evolutions, in the Facilities burn room.
3A. **Monitor Officer:**

A firefighter must be appointed to monitor Pyrometer at all times. So as to keep track of temperature changes and have water applied to burn, allowing temperature to be brought down to the 600-degree level as required.

3B. **Misuse of Training Facility:**

Misuse of the Training Facility by any Company/Department using facility will result in the forfeiture of that Company/Department’s right to use Facility. The offending Company/Department will not be allowed to use the Facility again for any activity, until they have an Officer (Chief/Training Officer), attend a regular scheduled training session dealing with the proper use and procedures for the Training Facility.

4. The Officer in charge, Training Officer and Safety Officer "**MUST BE FAMILIAR WITH THE NFPA 1403 STANDARD ON LIVE FIRE TRAINING**". The Fire Coordinator's Office provides you with a “**LIVE BURN EVOLUTION CHECKLIST**”. This checklist is intended to help guide you to a safe and meaningful experience at the Training Facility. This report shall be filled out and returned to the Fire Coordinator’s Office along with the Facility Activity Report.

**PLEASE NOTE:** There will be "**NO LIVE VICTIMS DURING ANY LIVE BURN EVOLUTION**"

5. A "**SAFETY OFFICER**" must be assigned to monitor trainees. The designated "Safety Officer" must be familiar with and follow NFPA 1521: **Standard for Fire Department Safety Officer**. It is recommended that a minimum of 1 (one) equipped **Certified First Responder** be on site for each training evolution. Any injuries must be reported to the "Safety Officer" on scene at the time of the injury so that a facility accident report form can be completed. A completed copy of the training departments injury form **MUST** be sent to the Fire Coordinator's Office within 24-Hours. This is **MANDATORY** and failure to do so will result in your Company/Departments denial of future use of the Training Facility until issue has been resolved.

6. **No petroleum products** are to be burned at the facility. This includes rubber (tires), asphalt (shingles), tar, gasoline, etc.

    Burning shall be done in the **BURN ROOM OF THE TOWER ONLY**.
    There is to be no burning in any other areas/rooms inside the tower.

**Only Class A materials** (clean wood/hay), shall be used for burning materials. Amount of material (fuel load) shall not exceed 80#. Two (2) small pallets and about 1/3rd bail of hay are approximately equivalent to an 80# fuel load.
7. **Full Turnout Gear including SCBA** when applicable must be worn on all training evolutions, and an accountability system shall be in place and used.

8. **Fire ground frequency** should be used with all training evolutions.

9. **Water System Guidelines:** The Training Facility utilizes **1 (one) primary water source consisting of a 10,000-gal reservoir tank**, and a secondary municipal water system. It will be the responsibility of the County Training Coordinator to determine when the primary water source will need to be refilled. Training departments may be required, at anytime, to assist in replenishing the primary water source. **At NO time will the secondary municipal water system be used to replenish the primary water source.**

10. **Facility Request Package’s and Activity Reports:**

    **Facility Request Package’s will include:** Live Burn checklist, Facility use Request Form, Facility Activity Report Form, Training Center Accident Report Form and Coordinator’s Office Statement of Intent.

    **Facility Activity Report and Live Burn Check List shall:** be completed and returned to the Fire Coordinator’s Office within 7 days after use of facility. If report is not filed with the Fire Coordinator’s Office the Fire Company/Department will be denied use of the Facility until after reports are filed.

11. **One month notice** is requested when booking the Training Facility. All outside agencies must have proof of insurance. Individual vacancies may be filled upon request through the Fire Coordinator's office.

12. **All cars will be parked** in the designated parking area. This is off of the blacktop in the grassy area North of Tower, Rte. 217 side and West of Tower Pine Haven Home side. The blacktopped area adjacent to the Training Tower is reserved for Fire Apparatus.

13. **Spectators** who shall be defined as those who are not participating in the training event excluding the facility operator and/or facility safety officer, shall not observe a training evolution **EXCEPT** in the prescribed safe zone or designated spectator area. This Zone shall be the grassy mound area North of Tower, Rte. 217 side.

12. **These guidelines and procedures are amendable by the Fire Coordinator's Office.**
COLUMBIA COUNTY
EMERGENCY SERVICES TRAINING CENTER

FACILITY USE REQUEST FORM

OFFICER SUBMITTING & SIGNING REQUEST MUST HAVE TAKEN THE TOWER TRAINING COURSE AND BE IN ATTENDANCE WHILE USING THE FACILITY

Date Request Made: ____________________________________________________________
Agency: ______________________________________________________________________
Address: _____________________________________________________________________

Required Proof of Physicals on file at Coordinators Office? YES ____ NO ____

Person Making Request: _______________________________ Phone Number (___) _______
Date(s) Requested: __________________________________ Time(s) _________________
Activity (Be Specific) ____________________________________________________________________________

Center Facilities to be used:

________ Burn Room __________ Tower __________ Confined Space Tank
________ Smoke Maze __________ Grounds
________ Other : Please Describe - __________________________________________________________________

Officer / Instructor In Charge During Use:

__________________________________________

I hereby certify that I have taken the Tower Training Course and will be present to supervise intended evolution and adhere to all regulations and guidelines associated with the use of the Columbia County Emergency Services Training Center.

FOR COORDINATORS OFFICE USE ONLY

________ REQUEST APPROVED (_______)

________ REQUEST DENIED (_______)

Reason: __________________________________________________________________________

Requests must be submitted one month prior to date of use

Send or Fax Request To:
Office of the Fire Coordinator
85 Industrial Tract
Hudson, New York 12534
FAX 518-828-2790

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COLUMBIA COUNTY
EMERGENCY SERVICES TRAINING CENTER
LIVE BURN EVOLUTION CHECKLIST**
MUST BE FILLED OUT AND RETURNED TO THE FIRE COORDINATOR’S OFFICE
ALONG WITH FACILITY ACTIVITY REPORT

(____) PYROMETER TURNED ON       DATE_________ TIME________
PYROMETER MONITOR
INCIDENT COMMANDER
SAFETY OFFICER
IGNITION OFFICER

Preburn Planning:

(____) 1} Establish location of command post
(____) 2} Establish location of rehabilitation center
(____) 3} Establish position of all apparatus
(____) 4} Establish positions of all hoselines (INCLUDING BACKUP LINES)
(____) 5} Establish secondary water supply
(____) 6} Establish emergency evacuation signal
(____) 7} Establish location of emergency evacuation assembly area.
(____) 8} Determine water supply:
          a} Hydrant
          b} Booster tank
          c} Dry hydrant
          d} Portable pond
(____) 9} Establish operations area and mark perimeter
 (____) 10} Establish communications with operations area & with dispatch center

Preburn Procedures:

(____) 1} All participants briefed on the following:
    a} Building Layout
    b} Crew and Instructor Assignments
    c} Safety rules and accountability procedures
        *Safety briefing about burn
        *Safety rules to follow
        *Accountability procedures
(____)  d} Building evacuation procedure
(____)  2} HOSELINES
    a} Backup line is of adequate flow and supplied from a separate
source as primary lines.
(____)  b} Lines charged and flow tested
(____)  c} Supervised by qualified personnel
(____)  d} Adequate number of personnel and proper equipment
Continued from page 1

(_____) 3} NECESSARY TOOLS AND EQUIPMENT POSITIONED
(_____) 4} PERSONNEL CHECK
(_____) a} OSHA approved full protective clothing
(_____) b} OSHA approved self contained breathing apparatus
(_____) c} All personnel protective equipment donned & working properly

(_____) 5} FIRE SETUP IS PROPER FOR THE INTENDED EVOLUTION
(_____) a} The instructor knows what material is being burned
(_____) b} The fire load should not exceed 80#****
(_____) c} Burn Room Temp "NOT TO EXCEED 600 DEGREES"
(_____) d} No flammable liquids are used to accelerate the fire
(_____) e} Fire load configuration does not restrict safe egress for the participants

(_____) 6} EMS STATUS
(_____) a} Instructor has verified that adequate EMS is available
(_____) b} Instructor has outlined the emergency medial procedures
to be followed in the event they are needed

Postburn Procedures:

(_____) 1} All personnel accounted for
(_____) 2} Training critique conducted
(_____) 3} Documentation of injuries incurred and treatment rendered

** = This checklist is modeled from the NYS OFPC Live Fire Training policy in accordance with NFPA 1403 guidelines and procedures. This checklist is designed
to help you safely preform your evolution at the training facility. It is intended as a
means, for you to use to meet that end.

THIS REPORT MUST BE FILLED OUT AND RETURNED TO THE COORDINATOR’S OFFICE
ALONG WITH FACILITY USAGE REPORT

****= About 1/3RD bale of hay and two light weight pallets is a good starting
point to help you gauge fuel load and control temperatures.

By introducing small amount of water into burn room when temperatures
begin to approach or exceed the temperature limit of 600 degrees F., will
almost immediately bring the temperature back down to required level.

NOTE: This is not to be done while firefighters are in burn room, advise crew leader to use
teams hoseline to bring down temperature.

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COLUMBIA COUNTY EMERGENCY SERVICES TRAINING CENTER

FACILITY ACTIVITY/USAGE REPORT
MUST BE FILLED OUT FAXED OR SENT TO COORDINATOR'S OFFICE
85 INDUSTRIAL TRACT HUDSON, NY 12534 - FAX 518-828-2790

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 5. Classroom Facilities
   b. Smoke Fuel

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
TRAINING CENTER ACCIDENT REPORT

Date of Report   /    /

Name of Injured Person __________________________________________________________

Age _______ D.O.B. _______ Sex _______ Social Security # ___________________________

Home Address ………. ___________________________________________________________

Home Phone ………. ___________________________________________________________

Fire Department ………. _________________________________________________________

Date of Incident ………. ___________________________ Time of Incident ………. _______

Type of Training ………. _________________________________________________________

Officer/Instructor in Charge ………. _______________________________________________

Description of Incident ……………. _______________________________________________

_____________________________________________________________________________

Nature of Injury (include part/s of body affected) ………. _____________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Protective Gear in use ………….. Helmet ………….. Bunker Coat ………….. Bunker Pants …………..

Gloves ………….. Face Shield ………….. Nomex Hood ………….. SCBA ………….. Other …………..

Was it Defective? Yes _____ No _____ Describe ………. _____________________________

If Protective Gear NOT used indicate reason ………. ___________________________________

_____________________________________________________________________________

Specific Equipment connected with this injury ………. _________________________________

_____________________________________________________________________________

Medical Treatment Provided ………. Yes _____ No _____

Date _____/_____/______ EMS Agency ………. _______________________________________

Doctor ………. ___________________________ Title/Rank ………. ___________________________

Hospital Reported by ………. ___________________________ Title/Rank ………. ___________________________

 Reviewed by ………. ___________________________ Title/Rank ………. ___________________________

“REPORT MUST BE FILED WITH-IN 24HRS TO THE COORDINATOR’S OFFICE”
“FAILURE TO DO SO WILL RESULT IN FORFEITURE AS PER 3B MISUSE OF TRAINING FACILITY”