Acquired Structure

Incident Action Plan

Address: ____________________________________________

__________________________________________________

Training date: ________________________________

AHJ: __________________________________________

Instructor-in-Charge: ______________________________
Donation of a Building for Fire Training

Thank you in advance for offering to donate your structure to be used by the local fire department for live fire training. This is valuable real-life training on situations our fire fighters may face at any time. As the owner, you also benefit from the demolition of the structure not only by its removal, as it is a liability, but the possibility of including it on your taxes as a reasonable donation to the local fire department. This letter lists an overview of the duties and responsibilities of each party involved in this fire training.

The structure, located at: ________________________________

- Must be safe for entry
- Interior must be in a condition to allow controlled burning
- No prohibited materials left within the structure

Owner’s Responsibility:

- This is a demolition project therefore state law requires an asbestos inspection by a certified inspector. Supply copies of inspection to both fire department and college fire training program.
- The cost of the inspection, removal and disposal of prohibited materials is the responsibility of the owner.
- Ensure the removal and disposal of the remaining debris is in compliance with MPCA rules, county ordinances, and state law.
- Removal of all appliances, hazardous chemicals, flammable materials, pressure vessels, thermostats and florescent lighting.
- Removal of carpet or other flooring materials deemed a hazard.
- Return the debris site to a safe condition.
- Maintain liability insurance on the structure and property.

Owner Signature ________________________________ Date: ________________

(continued)
**Fire Department Responsibilities:**

- Inspection of property for training use to determine usability.
- Apply for training burn permits from MN DNR.
- Assist owner in preparation of the interior of the structure if requested.
- Make arrangements for small bales of straw and wooden pallets.
- Arrange for adequate engines, tenders and staff.
- Secure a BLS transport ambulance and staff during evolutions.
- Personnel required to wear SCBA shall comply with OSHA 1910.134 g facial hair standards.
- Conduct safe operations during evolutions by following NFPA 1403-12 standards for live fire training with the assistance of the qualified MnSCU fire training institution.
- Maintain liability and workers compensation insurance during training evolutions.
- If final resolution is a total removal, continue operations until structure is fully burned down.

Chief/Training Officer Signature ________________________________ Date: ____________

**Training Institution**

- Assist in arrangements for asbestos inspection.
- Assist Fire Dept with MN DNR Training Burn Permit.
- Follow NFPA 1403-12 standards for live fire training.
- Provide qualified instructors and adequate staffing for safe training.
- Maintain liability and workers comp insurance throughout evolutions on training staff.

Ridgewater College ________________________________ Date: ____________
Willmar, MN

Alexandria Technical & Community College, ________________________________ Date: ____________
Alexandria, MN
OWNER’S RELEASE TO DAMAGE OR BURN STRUCTURE

Having agreed with the building officials of City/County of _____________,
The structure owned by:

(Owner) ________________ Address: ________________, MN Zip ______
Phone # ___________. Cell ___________, Email _____________________

Donated training structure information:
911 Address: ____________________________ County: ________________
Township: __ Range: __ Section: ________

Is under condemnation, unfit for human habitation, beyond rehabilitation and I
desire the structure to be demolished. I further agree that the structure should be
used by the fire service for training as they see fit. In order that demolition may
be accomplished, I give my consent to the ______________________ Fire
Department and Ridgewater College Fire Training Program to use or demolish the
said structure by burning or other means.

__________________________________________  Date: ______________
Owner

__________________________________________  Date: ______________
Owner

__________________________________________  Date: ______________
Fire Department Representative

__________________________________________  Date: ______________
Ridgewater College Representative
ACKNOWLEDGMENT OF BUILDING USE AGREEMENT
PRE/POST-BURN/USE OF PROPERTY CONDITIONS

AGREEMENT:
On this ___ day of __________, 2014, an agreement is made between;
_____________ Department also known as JHA (Jurisdiction Having Authority) and
Ridgewater College Fire Training Program.
______________________________ (owner) of the building/property to be damaged or destroyed)
hereinafter called “Owner”.

WHEREAS, the City of ______________ Fire Department desire to further the training of its
firefighters by conducting live fire training exercises involving the controlled burning
within a structure and other fire training activities in compliance with
WHEREAS, the Owner acknowledges benefit received in the donation of the structure to further and
the enhancement of fire protection services.
WHEREAS, the Owner has requested the use/destruction of the structure located at:

Structure 911 Address:

County: Township T- Range R- Section #

A visual description of the structure to be used/or destroyed is as follows:

***

Owner Shall

-Confirm the structure is structurally safe to enter/occupy for training purposes
-Confirm the structure has been inspected by licensed Asbestos inspector and
Owner is responsible for cost of Asbestos inspection and removal of contaminated materials.
Owner shall be responsible for removing debris (appliances, fluorescent fixtures, hazardous chemicals, carpet and other items used for human habitation).

WHEREAS, the building to be used/destroyed as identified in the above paragraph will be referred to
herein as “the structure”; now therefore:

IT IS MUTUALLY AGREED BY THE PARTIES AS Follows:

1. The City/Township and the Entity propose to damage or destroy the structure during the week of
_______________ to _____________, The actual date of the training will depend upon factors
such as availability of personnel, equipment and weather conditions.

2. The Owner agrees to indemnify the City of______________ Fire and Ridgewater College from any
liability arising out of the lack of the Owner’s authority to have the structure destroyed and/or the
Owner’s lack of clear title to the building/property.
3. The Owner agrees to indemnify the City/Township from any liability arising out of any claim of injury from a person who is not an employee of a municipal fire department or of the City/Township in connection with the destruction of the structure.

4. The Owner agrees to indemnify the City of __________ Fire Department and Ridgewater College (agents/instructors), or entity from any liability arising out of any claim of injury from any person in connection with the destruction of the structure.

5. The Owner assumes all liability for securing the structure during the term of this agreement, and further, the Owner agrees to comply with all applicable ordinances and regulations of the City/Township, county and state with respect to removal of debris and the destruction activities.

6. The Owner assumes all responsibility for the cancellation of insurance and for the disconnection of all utility services, including but not limited to gas, electric, water, telephone, television cables and antennas, removal of fuel oil, other hazardous substances and conditions, removal of any fixtures, items or equipment the Owner wishes to preserve prior to any destruction activities pursuant to this agreement. If the Owner has not completed these tasks at least twenty-four (24) hours before the first possible training date, the Owner shall immediately notify the following persons of this fact, Ridgewater College representative or Fire Chief of JHA.

7. The post-training condition of the structure will be the responsibility of the Owner. The intent is to use the structure and/or demolish sections or all of the structure in training sessions. In most cases the ash, basement walls, foundation, metal debris and any other items will remain in the basement area or close proximity. These materials shall be disposed of by state and county rules at the Owners expense. All cost of sampling will be at Owners expense. If at any time during the training session the Instructor-In-Charge deems it necessary to extinguish the fire, the remains will be responsibility of the Owner.

8. __________ Department Shall:
   Apply for permits required from MN DNR for training burns; confirm permits or notifications to MN PCA for the purpose of demolition of said structure.

9. City of __________ and Ridgewater College will maintain Liability Insurance and Workman Comp Insurance on all employees during the duration of the training till when site is returned to Owner upon completion of Training.

_________________________________________________ Owner

_________________________________________________ Owner

Signed this ___________ day of _________________ 20__

Chief:
Name __________________________________________
Address __________________________________________
Phone __________________________________________

Signature: _______________________________________

_________________________________________________ Ridgewater College
NOTICE OF CANCELLATION OR NONRENEWAL

<table>
<thead>
<tr>
<th>Policy No</th>
<th>Issued through agency or office at:</th>
<th>Cancellation or termination will take effect at: (Date) (Hour-Standard Time)</th>
<th>Date of notice</th>
</tr>
</thead>
</table>

Insurance company:

Name and address of insured:

<table>
<thead>
<tr>
<th>Cancellation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonrenewal:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 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 no payment of premium. A bill for the premium earned to the time of cancellation will be forwarded in due course.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Important notice:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 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:</td>
<td></td>
</tr>
</tbody>
</table>

Name

Address

Insured's copy

Authorized
SITE INSPECTION PLANNING & EQUIPMENT CHECKLIST

Inspected on __________________, 20__ by ________________________________

The location of this training session is:

911 Address: ________________________________

County: ________________________________ Township: ________________________________

Range: ________________________________ Section: ________________________________

<table>
<thead>
<tr>
<th>COMPLETED</th>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>All permits, forms and notifications distributed</td>
</tr>
<tr>
<td>NO</td>
<td>Site plan drawing, including all exposures</td>
</tr>
<tr>
<td>YES</td>
<td>Building plan, including overall dimensions</td>
</tr>
<tr>
<td>NO</td>
<td>Floor plan detailing rooms, hallways and exterior openings</td>
</tr>
<tr>
<td>YES</td>
<td>Proposed location of command post</td>
</tr>
<tr>
<td>NO</td>
<td>Proposed position of all apparatus</td>
</tr>
<tr>
<td>YES</td>
<td>Proposed position of all hose lines, including backup lines</td>
</tr>
<tr>
<td>NO</td>
<td>Proposed location of emergency escape routes</td>
</tr>
<tr>
<td>YES</td>
<td>Proposed location of emergency evacuation assembly area</td>
</tr>
<tr>
<td>NO</td>
<td>Proposed location of entrance and exit routes for emergency vehicles</td>
</tr>
<tr>
<td>YES</td>
<td>Inspect available water supply determined as per M 3.6.0</td>
</tr>
<tr>
<td>NO</td>
<td>Required fire flow determined as per M 3.6.0</td>
</tr>
<tr>
<td>YES</td>
<td>Required reserve flow determines (50% of required flow) per M 3.6.0</td>
</tr>
<tr>
<td>NO</td>
<td>Apparatus pumping ability that exceeds the required fire flow</td>
</tr>
<tr>
<td>YES</td>
<td>Separate water supply established for attack and back-up lines</td>
</tr>
<tr>
<td>NO</td>
<td>Obtain projected and periodic weather reports</td>
</tr>
<tr>
<td>YES</td>
<td>Proposed parking areas designated and marked for all vehicles</td>
</tr>
<tr>
<td>NO</td>
<td>Operations area established and perimeter marked</td>
</tr>
<tr>
<td>YES</td>
<td>Communications frequencies established, equipment obtained</td>
</tr>
</tbody>
</table>

BUILDING INSPECTION

| NO        | Building inspected for structural integrity |
| YES       | All utilities located and identified |
| NO        | Identify highly combustible interior wall and ceiling materials removed |
| YES       | Identify all holes and walls patched or covered in rooms to be used |
| NO        | Identify materials of exceptional weight, remove or seal off the area |
| YES       | Windows checked and opened or closed as needed |
| NO        | Doors checked and opened or closed as needed |
| YES       | Building components checked: roof scuttles, sprinkler system, stand pipes, etc |
| NO        | Identify chimneys and adequate ventilation holes for each separate enclosed roof area to |
| YES       | be removed and pre-cut the day/night of the drill |
| NO        | Identify stairways that need to be made safe with railings |
| YES       | Identify fuel tanks and water heaters to be removed or adequately ventilated |
31. Identify all containers of unknown or hazardous contents must be removed
   Identify unnecessary inside and outside debris removed, extraordinary exterior and
   interior hazards remedied
32. Porches and outside steps made safe
33. Identify cisterns, wells, cesspools, and other ground openings fenced, marked, or filled
34. Identify toxic weeds, hives, vermin, brush, surrounding vegetation to be removed
35. Identify exposures propane tanks, trees, buildings, utilities to be removed protected
36. Adequate roof ventilation holes cut for each roof section or area

**APPARATUS NEEDED FOR TYPICAL RESIDENTIAL HOUSE**

38. 2 Class A (750 gpm) or larger capable of meeting the required fire flow with 4.5" or larger
    hard suction tube. One engine for attack lines and one for backup lines
39. Water tenders capable of meeting the supply needs if hydrants are not used
40. 2-2000 gallon portable drop tanks if water tenders are used
41. 1 water source capable of supplying the required fire flow if not using hydrants
42. 2 hydrants capable of supplying the required fire flow if tenders are not used
43. 1 EMS unit for possible firefighter emergencies
44. 1 SCBA air supply unit to refill SCBA
45. 4-1.5" or 1.75" nozzles
46. 2 gated wyes – 1.5x1.5x2.5
47. 600 hundred feet of 1.5" hose. Attack, exposure, instructor and backup lines
48. 400 hundred feet of 2.5" hose

**BURNABLE CLASS A FUELS & BUILDING SUPPLIES FOR 30 STUDENTS**

49. 30 bales of DRY oats straw or hay or 12 bales (4 ft. sq.) of DRY cardboard
50. 12 dry wood pallets
51. 2 pitch forks
52. 1 hammer and supply of 16 penny nails and spikes
53. 10 extra glass storm windows, not necessary to fit tight on windows
54. 8-4x8 sheets of press board %4" thick
55. 1 propane torch for igniting fuels

**IMPORTANT** – The straw or cardboard must be dry and kept dry.

**PERSONNEL & REHAB SUPPLIES**

56. 1 source of fresh drinking water and cups
57. 1 waste container for cups
58. 1 meal for each person at the drill (no cheese sandwiches)
59. 1 flash light for each student as they enter the structure
60. 4 qualified interior structural or prop burn instructors
# Site Map / Current Conditions

201

Date: ___________________________  Address: ___________________________

<table>
<thead>
<tr>
<th>Site Map</th>
<th>Structure Drawing</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Building Outline</td>
<td>□ Building Size</td>
</tr>
<tr>
<td>□ Property Lines</td>
<td>□ Construction Type</td>
</tr>
<tr>
<td>□ Roads and Accesses</td>
<td>□ Floor Plan</td>
</tr>
<tr>
<td>□ Exposures, Utilities</td>
<td>□ Exits</td>
</tr>
<tr>
<td>□ Septic Tanks</td>
<td>□ Windows</td>
</tr>
<tr>
<td>□ Operational Control Areas</td>
<td>□ Ventilation Points</td>
</tr>
<tr>
<td>□ Water Sources</td>
<td>□ Fire Set Locations</td>
</tr>
<tr>
<td>□ Site Hazards</td>
<td></td>
</tr>
<tr>
<td>□ Support Locations</td>
<td></td>
</tr>
<tr>
<td>□ Parking Areas</td>
<td></td>
</tr>
</tbody>
</table>

**EXTERIOR DIAGRAM**

Prepared by: ___________________________
Site Map / Current Conditions

201

Date: ___________________________ Address: ___________________________

Site Map
- Building Outline
- Property Lines
- Roads and Accesses
- Exposures, Utilities
- Septic Tanks
- Operational Control Areas
- Water Sources
- Site Hazards
- Support Locations
- Parking Areas

 INTERIOR DIAGRAM

Structure Drawing
- Building Size
- Construction Type
- Floor Plan
- Exits
- Windows
- Ventilation Points
- Fire Set Locations

Prepared by: ___________________________
Safety Analysis and Plan Checklist

Date: ____________________ Address: ______________________________________

General Safety Message
☐ Hazard zones and required PPE use
☐ Accountability Procedures
☐ Fuel loads/types/locations
☐ Keep fires at controllable size
☐ One fire at a time - no fires in exit ways
☐ Instructor line in place during ignition and for instructor interior use
☐ Ignition procedure
☐ Monitor all conditions and personnel for heat and other fire-related emergencies
☐ Stay hydrated

Specific Safety Procedures
☐ Building evacuation signal (demonstrated to all participants)
☐ Evacuation rally point
☐ Severe weather plan/shelter
☐ Specific site hazards

Building Walk Through
☐ With instructor staff
☐ With students and instructors
☐ Point out exits and ventilation points
☐ Final check of fuel loads and structural conditions

Prepared by: ____________________
# QUICK ACCESS PRE-FIRE PLAN

**Building Address:**

**Evaluator:**

**Date:**

## Building Description:

## Roof Construction:

## Floor Construction:

## Occupancy Type:

CCN = Type 1, II, III, IV, V OHCN = 3, 4, 5, 6, 7

## Initial Response Required:

## Hazards to Personnel:

## Location of Water Supply:

### Available Flow:

<table>
<thead>
<tr>
<th>Estimated Fire Flow</th>
<th>Length x Width</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposures = 25%</td>
<td>X (floors) = GPM Per Floor</td>
</tr>
<tr>
<td>Of Total Flow Per Exposure</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level Of Involvement</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Fire Flow (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attached Bldg Fire Flow(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Fire Behavior Prediction:

## Predicted Strategies:

## Problems Anticipated:

### Standpipe: Y or N

### Control Location:

1. Length X Width

2. GPM / Floor X (# floors) = GPM

3. Total gallons = GPM

### Sprinklers: Y or N

### Control Location:

4. GPM

5. GPM

6. GPM

7. GPM

8. GPM

9. GPM

10. GPM

11. GPM

12. GPM

13. GPM

14. GPM

15. GPM

16. GPM

17. GPM

18. GPM

19. GPM

20. GPM

21. GPM

22. GPM

23. GPM

24. GPM

25. GPM

26. GPM

27. GPM

28. GPM

29. GPM

30. GPM

31. GPM

32. GPM

33. GPM

34. GPM

35. GPM

36. GPM

37. GPM

38. GPM

39. GPM

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53. GPM

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55. GPM

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66. GPM

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70. GPM

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72. GPM

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74. GPM

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92. GPM

93. GPM

94. GPM

95. GPM

96. GPM

97. GPM

98. GPM

99. GPM

100. GPM
Medical Plan

Date: __________________________ Address: __________________________

On-scene EMS: _______________________________________________________
  • Level of Service (minimum BLS) _________________________________
  • Transport capabilities: Yes ______ No ______
  • Location: ______________________________________________________
  • How to contact: _________________________________________________

Nearest Hospital: ____________________________________________________
  • Location: ______________________________________________________
  • Phone Number: ________________________________________________
  • Travel time to: _________________________________________________

Helicopter Service: _________________________________________________
  • Travel time to site: ______________________________________________
  • Contact information: _____________________________________________
  • Landing Zone location: ___________________________________________
  • Site GPS coordinates: ____________________________________________

Special Instructions: ________________________________________________

Prepared by: ________________________________________________________
# Communication Plan

## 205

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Radio Channel Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor to IC / Safety</td>
<td></td>
</tr>
<tr>
<td>Fire Department</td>
<td></td>
</tr>
<tr>
<td>EMS (BLS Transport Capable)</td>
<td></td>
</tr>
<tr>
<td>Local PSAP for additional resources</td>
<td></td>
</tr>
<tr>
<td>• Radio Channel</td>
<td></td>
</tr>
<tr>
<td>• Phone number</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>Public Works</td>
<td></td>
</tr>
<tr>
<td>Other agencies as required</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: _______________________________
LOCAL/REGIONAL LAW ENFORCEMENT NOTICE

On __________________, 20 ____, the __________________ Fire Department will be conducting a live burn training session which will include demolition of a building by burning (weather permitting).

The location of the training session is:

911 Address: ____________________________

County: ________________________________

Township: ______________________________

Range: _________________________________

Section: _________________________________

Will you please bring this to the attention of your dispatcher and patrol units. We may need traffic control if the location warrants it.

We would also like to be notified of any reported fires in the area which we are operating from. You may receive reports of a fire by pedestrians. Do not activate the alarm until you have contacted us by radio or phone to confirm the location of the reported fire.

Thank you for your cooperation

______________________________
Fire Chief

______________________________
Fire Department

______________________________
Phone

______________________________
Fax

Date: __________________________
Ridgewater College Center for Customized and Continuing Education

Fire Training Goals and Objectives/General Operational Orders

CHECK LIST 202

Date: ____________________________ Address: ____________________________

Goals & Objectives

Types of fires:
- Fire Behavior
- Basic Fire Attack
- Advanced Engine Company Operations
- Victims

Number of students and evolutions: ____________________________

General Operational Orders

Fires:
- Set location and burn order
- Set size and combustible materials
- Ignition process / procedure

Accountability Plan:
- Riding List
- PASSPORT
- When are PARS done
- Instructor and student rotation plan
- Water supply / pumper info
- Rehab and evolution debrief procedure
- Review of site map with staff including support area locations

Prepared by: ____________________________
1910.134 SCBA OSHA Guidelines for Fire Service use of SCBA

1910.134(g)

Use of respirators. This paragraph requires employers to establish and implement procedures for the proper use of respirators. These requirements include prohibiting conditions that may result in facepiece seal leakage, preventing employees from removing respirators in hazardous environments, taking actions to ensure continued effective respirator operation throughout the work shift, and establishing procedures for the use of respirators in IDLH atmospheres or in interior structural firefighting situations.

1910.134(g)(1)

Facepiece seal protection.

1910.134(g)(1)(i)

The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have:

1910.134(g)(1)(i)(A)

Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or

1910.134(g)(1)(i)(B)

Any condition that interferes with the face-to-facepiece seal or valve function.

1910.134(g)(1)(ii)

If an employee wears corrective glasses or goggles or other personal protective equipment, the employer shall ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

1910.134(g)(1)(iii)

For all tight-fitting respirators, the employer shall ensure that employees perform a user seal check each time they put on the respirator using the procedures in Appendix B-1 or procedures recommended by the respirator manufacturer that the employer demonstrates are as effective as those in Appendix B-1 of this section.

1910.134(g)(2)(ii)(A)

To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use; or

Procedures for interior structural firefighting. In addition to the requirements set forth under paragraph (g)(3), in interior structural fires, the employer shall ensure that:

1910.134(g)(4)(i)

At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times;
1910.134 SCBA OSHA Guidelines for Fire Service use of SCBA

1910.134(g)(4)(ii)
At least two employees are located outside the IDLH atmosphere; and

1910.134(g)(4)(iii)
All employees engaged in interior structural firefighting use SCBAs.

**Note 1 to paragraph (g):** One of the two individuals located outside the IDLH atmosphere may be assigned to an additional role, such as incident commander in charge of the emergency or safety officer, so long as this individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

1910.134(h)

**Maintenance and care of respirators.** This paragraph requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by employees.

1910.134(h)(1)

**Cleaning and disinfecting.** The employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The employer shall ensure that respirators are cleaned and disinfected using the procedures in Appendix B-2 of this section, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness. The respirators shall be cleaned and disinfected at the following intervals:

1910.134(h)(1)(i)

Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;
Jurisdiction Having Authority

Goals & Objectives / General Operational Orders

Checklist - 202

Date: ___________________ Address: ______________________________________

Goals & Objectives

Types of fires:

☐ Fire Behavior
☐ Basic Fire Attack
☐ Advanced Engine Company Operations
☐ Incident Command on the Fire Ground
☐ Water Supply
☐ Pump operations
☐ Exposure Protection
☐ Burn to ground

General Operational Orders

Fires:

☐ Set location and burn order
☐ Set size and combustible materials
☐ Ignition process / procedure

Accountability Plan:

☐ Riding List
☐ PASSPORT
☐ When are PARS done
☐ Water supply / pumper info
☐ Rehab and evolution debrief procedure
☐ Review of site map with staff including support area locations

Prepared by: ___________________, Chief or officer in charge of Training DATE
Personnel Assignments / Instructions

Date: ___________________________ Address: ___________________________

Instructor-In-Charge: ___________________________
- Overall site and operations controls and management
- Assure adherence to burn plan and/or modify as conditions require
- Provide for safety of all participants

Safety Officer: ___________________________
- Provide for and assure overall site safety
- Enforce all safety rules and processes
- Directly supervise and monitor fire sets and the ignition personnel
- Monitor conditions continuously and make changes or stop operations if needed
- Conduct building walk-through for staff and students

Ignition Personnel: ___________________________
- Assist building fire sets
- Under supervision of Safety Officer light fire sets
- When lighting work in pairs with hose line in place
- Use only fuels and ignition devices provided
- Monitor conditions and participants at all times and report discrepancies to Safety Officer
- Assist as directed by Instructor-In-Charge or Safety Officer

Control Team: ___________________________
- Monitor assigned students at all times
- Assure accountability
- Provide student instruction in accordance with goals and objectives
- Assure students are wearing PPE correctly
- Have no more than 5 students assigned
- Understand the burn plan including ignition procedures
- Assure students are in proper position and ready for each evolution
- May rotate from backup line to attack line, etc. and understand particular expectations of all
**SAFETY OFFICER ENTRY TEAM ASSIGNMENT FORM**

Date: ____________  Time: ____________  Wind Direction: ____________  Speed: ____________  Temp: ____________

Lead Instructor: ___________________________  Safety Officer: ___________________________

Instructors: __________________________________________________________________________

Structure Burn: ____________  Burn Trailer: ____________  Vehicle Burn: ____________

Location: __________________________________________________________________________

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# SAFETY OFFICER ENTRY TEAM ASSIGNMENT FORM

Date: _______ Time: _______ Wind Direction: _______ Speed: _______ Temp: _______

Lead Instructor: __________________________ Safety Officer: __________________________

Instructors: _________________________________________________________________

Structure Burn: _______ Burn Trailer: _______ Vehicle Burn: _______

Location: _________________________________________________________________

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Ridgewater College Center for Customized and Continuing Education

NFPA 1403 Live Fire Training

SUMMARY OF ACTIVITIES CONDUCTED AT DRILL - KEEP ON FILE

Accounting of Activities Conducted:

Unusual Conditions Encountered:

Changes or Deterioration in the Structure:

Any Injuries or Treatment Rendered:

Completed By: ___________________________ Date: __/__/____
PARTICIPANT TRAINING VERIFICATION FORM

I, ___________________________ Chief of the ___________________________ Fire Department, do hereby authorize the following individuals to participate in this training session. These individuals have met the requirements of M 2.1.2. pre-training requirements:

Prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the performance objectives Sections 5-1 through 5-5 of NFPA 1001, Standard for FIRE FIGHTER PROFESSIONAL QUALIFICATIONS. Students who are currently enrolled in a Minnesota State Colleges and Universities Recruit or Firefighter I/II course shall be allowed to participate towards the end of the course.

(1) Safety
(2) Fire behavior
(3) Portable extinguishers
(4) Personal protective equipment
(5) Ladders
(6) Fire hose, appliances, and streams
(7) Overhaul
(8) Water supply
(9) Ventilation
(10) Forcible entry

The following list of firefighters have completed the required training. (Please print)

1 ___________________________ 15 ___________________________
2 ___________________________ 16 ___________________________
3 ___________________________ 17 ___________________________
4 ___________________________ 18 ___________________________
5 ___________________________ 19 ___________________________
6 ___________________________ 20 ___________________________
7 ___________________________ 21 ___________________________
8 ___________________________ 22 ___________________________
9 ___________________________ 23 ___________________________
10 __________________________ 24 ___________________________
11 __________________________ 25 ___________________________
12 __________________________ 26 ___________________________
13 __________________________ 27 ___________________________
14 __________________________ 28 ___________________________

Fire Chief: ____________ , verify that the students listed are physically fit and have met the education requirements stated above.

DATE ______/_____/____
FIRST REPORT OF INJURY

CLASS:________________________________________________________

INSTRUCTOR:____________________________________________________

NAME OF STUDENT:_____________________________________________

DEPARTMENT:____________________________________________________

STUDENT'S AGE:_____ DATE OF INJURY:____-____-____ TIME: ____:____ AM PM

LOST TIME FROM CLASS Yes No

DETAILS OF ACCIDENT

(This information is for use in preventing similar accidents. Please answer all questions.)

1. What task was the student performing?
   ______________________________________________________________

2. How was the student injured?
   ______________________________________________________________

3. What did the student do unsafely?
   ______________________________________________________________

4. What equipment was defective or failed?
   ______________________________________________________________

5. What steps should be taken to prevent similar injuries?
   ______________________________________________________________

6. Was accident reported immediately? Yes No If No, Explain:
   ______________________________________________________________

7. Did the student require medical attention as a result of this injury? Yes No
   If yes, give name and address of transportation unit, medic, doctor and/or hospital.
   ______________________________________________________________
COMPLETION OF LIVE BURN TRAINING

TRANSFER OF PROPERTY TO AHJ/FIRE CHIEF/DESIGNEE

On __________________, 20___ at __________ am/pm, the college "Instructor-in-Charge" has officially completed the training session and the property will become the responsibility of the AHJ or local Fire Department.

Property Location:

911 Address: ________________________________

County: ________________________________

Township: ________________________________

Range: ________________________________

Section: ________________________________

It is the responsibility of the AHJ/Fire Chief or his/her designee to watch for unsafe fire conditions that may require additional resources. The college waives any liability arising from property damage, personal injury, etc. in connection with the destruction of the structure.

________________________________________  ______________________________________
College Instructor-in-Charge  Signature

________________________________________  ______________________________________
AHJ/Fire Chief/Designee  Signature

RIDGEWATER COLLEGE COPY
TRANSFER OF AUTHORITY OF THE PROPERTY BACK TO THE OWNER

Owner’s Copy

On ______________, 20___ at ______ am/pm, the __________________ Fire Department has turned the property back over to the owner or the owner’s agent. The training session has been completed and the property will become the responsibility of the owner or agent representing the owner. The location of the property is:

911 Address: _______________________________________________________________

County: __________________________ Township: __________________________

Range: __________________________ Section: __________________________

It will be your responsibility to watch for any unsafe fire conditions that may require the return of the fire department to the property. If this happens, please notify the Fire Department immediately by the 9-1-1 telephone system.

It will be your responsibility to secure people and pets from coming in contact with the remains and the hole in the ground or any unsafe conditions that may harm them in any way.

Thank you for your cooperation.

_________________________________ Fire Chief

_________________________________ Fire Department

_________________________________ Phone

_________________________________ Fax

_________________________________ Date

I acknowledge that I am the owner of the property described as follows:

________________________________________________________________________

and that the fire department has returned my property to me in a manner that was agreed upon prior to fire training. I understand that I am once again responsible for my property and the proper disposal of the remaining structure.

_________________________________ Owner

_________________________________ Date

_________________________________ Fire Chief

_________________________________ Date

FIRE / DEPARTMENT COPY
TRANSFER OF AUTHORITY OF THE PROPERTY BACK TO THE OWNER

Owner's Copy

On _____________, 20 ___ at ________ am/pm, the ____________________________ Fire Department has turned the property back over to the owner or the owner's agent. The training session has been completed and the property will become the responsibility of the owner or agent representing the owner. The location of the property is:

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Thank you for your cooperation.

__________________________
Fire Chief

__________________________
Fire Department

__________________________
Phone

__________________________
Fax

__________________________ Date

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and that the fire department has returned my property to me in a manner that was agreed upon prior to fire training. I understand that I am once again responsible for my property and the proper disposal of the remaining structure.

__________________________ Owner

__________________________ Date

__________________________ Fire Chief

__________________________ Date

OWNERS COPY