

NEW YORK STATE OFFICE OF FIRE PREVENTION & CONTROL

LIVE FIRE NOTIFICATION

EMAIL TO: Training, OFPC (DHSES) OFPC.Training@dhses.ny.gov

FROM: _____

DATE: _____

LEAD INSTRUCTOR:

NAME: _____ SFI ☐ CFI ☐ MTO ☐ MFI ☐ ID Number: _____

SAFETY INSTRUCTOR:

NAME: _____ SFI ☐ CFI ☐ MTO ☐ MFI ☐ ID Number: _____

THIRD INSTRUCTOR:

NAME: _____ SFI ☐ CFI ☐ MTO ☐ MFI ☐ ID Number: _____

FORTH INSTRUCTOR:

NAME: _____ SFI ☐ CFI ☐ MTO ☐ MFI ☐ ID Number: _____

SAFETY OFFICER:

NAME: _____ SFI ☐ CFI ☐ MTO ☐ MFI ☐ ID Number: _____

COURSE NAME: _____ COURSE NUMBER: _____

LESSON NAME & NUMBER: _____

COUNTY BEING TAUGHT IN: _____

DATE OF LIVE FIRE: _____ TIME (24 HR): _____

LIVE FIRE LOCATION: _____

NAME OF FACILITY: _____

STREET ADDRESS: _____

NOTE: DUE TO OFPC AT LEAST TWO WEEKS PRIOR TO LIVE FIRE TRAINING.

IGNITION ACTIVITY LOG

COURSE NAME: _____ COURSE NUMBER: _____

Live Burn Evolution #1

* Ignition Officer: _____ Instructor Number: _____

** Fire Control Team Member: _____ Instructor Number: _____

Time In: _____ Time Out: _____

Live Burn Evolution #2

* Ignition Officer: _____ Instructor Number: _____

** Fire Control Team Member: _____ Instructor Number: _____

Time In: _____ Time Out: _____

Live Burn Evolution #3

* Ignition Officer: _____ Instructor Number: _____

** Fire Control Team Member: _____ Instructor Number: _____

Time In: _____ Time Out: _____

Live Burn Evolution #4

* Ignition Officer: _____ Instructor Number: _____

** Fire Control Team Member: _____ Instructor Number: _____

Time In: _____ Time Out: _____

Live Burn Evolution #5

* Ignition Officer: _____ Instructor Number: _____

** Fire Control Team Member: _____ Instructor Number: _____

Time In: _____ Time Out: _____

* MUST BE STAFFED BY A CERTIFIED SFI, CFI, MTO, or MFI ONLY

** MAY BE STAFFED BY LOCAL STAFF OR SFI, CFI, MTO, MFI

CREW ASSIGNMENT

Time Evolution Started: _____ Completed: _____

Attack Crew

Department: _____ Unit ID: _____

Pump Capacity: _____ Tank Size: _____

Water Source: _____

Attack Line Size: _____ Hose Length: _____ Nozzle Type: _____

Lead Instructor: _____ Instructor Number: _____

Nozzle Operator/Back-up #1: _____ Student ID: _____

Nozzle Operator/Back-up #2: _____ Student ID: _____

Nozzle Operator/Back-up #3: _____ Student ID: _____

Nozzle Operator/Back-up #4: _____ Student ID: _____

Back-up Line

Department: _____ Unit ID: _____

Pump Capacity: _____ Tank Size: _____

Water Source: _____

Back-up Line Size: _____ Hose Length: _____ Nozzle Type: _____

Lead Instructor: _____ Instructor Number: _____

Nozzle Operator/Back-up #1: _____ Student ID: _____

Nozzle Operator/Back-up #2: _____ Student ID: _____

Nozzle Operator/Back-up #3: _____ Student ID: _____

Nozzle Operator/Back-up #4: _____ Student ID: _____

SAFETY CREW / FAST / RIT / FIRE CONTROL TEAM

Crew Type: _____

Safety Instructor: _____ Instructor Number: _____

Firefighter #1: _____ FDID Number: _____

Firefighter #2: _____ FDID Number: _____

Firefighter #3: _____ FDID Number: _____

Firefighter #4: _____ FDID Number: _____

Time May-Day Called/Problem Recognized: _____

Time Team Deployed: _____ Time Situation Controlled: _____

Rescue Recovery Cancelled/Controlled

Contact the NYS Office of Fire Prevention and Control, Fire Operations and Training Branch at (518) 474-6746 any time a Safety Crew/FAST/RIT is deployed during a Live Fire Training Evolution. Contact shall be immediately upon resolution and prior to the conclusion of the lesson. All additional Live Fire Evolutions shall be suspended until the Fire Operations and Training Branch is consulted and the situation is investigated. The scene shall be secured as directed to aid in the investigation.