

# Fairfield Regional Fire School

# FLASHOVER TRAINING

**Saturday, November 12, 2011**

**8:00 a.m. - 4:00 p.m.**

## OBJECTIVES

- To provide fire fighters a controlled environment in which to study the unique phenomenon of flashovers.
- To train fire fighters to recognize some of the signs and conditions leading up to a flashover.
- To help fire fighters better understand the limitations of their Personal Protective Equipment in a flashover.
- To provide fire fighters with skills and techniques to help them avoid possible injury or death from a flashover.

## WHAT TO EXPECT

A three-hour classroom lesson will be presented followed by a lunch break.

After lunch participants will spend three hours in the Flashover Simulator for the practical component. The hands-on evolutions will include:

### Walk through

**Break into two groups of eight**

**Group I prepare for entry**

**Group II assist Group I**

**Final PPE Check at Entry Door**

**Outside Group Observe Conditions**

**Short Post-Burn Debriefing with Group I**

**Reload for Group II**

**Group II prepare for Entry**

**Final PPE Check at Entry Door**

**Outside Group Observe Conditions**

**Short Post-Burn Debriefing with Group II**

The day will wrap-up with a debriefing that should take approximately one hour.

## PRE-BURN PREPARATIONS

- Long Pants ONLY, No Tank Tops
- Long Sleeve Shirts Recommended
- Hoods Required, No Exposed Skin
- No Jewelry
- Turnout gear MUST be dry
- Eye Shields/Borkes shall be removed prior to arrival
- Leather helmets strongly discouraged
- Full PPE including SCBA face piece SHALL be worn throughout the drill
- All participants must be in good health (no cold or flu symptoms)
- Hydrate prior to arrival (drink plenty of water the day before)
- A change of clothes is recommended

**Course Fee: \$95.00 per person**  
**includes lunch**

Full Turnout Gear and SCBA Required

**\*Students MUST be Firefighter 1 Certified\***

# Student Application FLASHOVER- Class FLASH 11-11

Saturday, November 12, 2011

Last Name: \_\_\_\_\_ Fire Department: \_\_\_\_\_  
First Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
Home Address: \_\_\_\_\_ Work: \_\_\_\_\_  
City: \_\_\_\_\_ Cell: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

(No one under 18 is allowed to participate in hands-on programs)

**Course Fee: \$95.00 per student (includes lunch)**

***\*Students MUST be Firefighter 1 Certified\****

## Flashover Simulator Participant Release Form

### Department Authorization to Attend Training

As **Chief** of the \_\_\_\_\_ Fire Department or as **Supervisor** of the \_\_\_\_\_ Organization, I hereby authorize the above applicant to participate in the Fairfield Regional Fire School Flashover Program and, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Town of Fairfield, Fairfield Fire Department, Fairfield Regional Fire School, its officers, directors, agents and instructors shall not be liable for any injuries sustained during such training. The named applicant is understood to be physically and emotionally fit by my department's standards to perform firefighting evolutions without special considerations, to be adequately equipped and in current compliance with all applicable Occupational Safety and Health Administration Standards regarding Respiratory Protection, Protective Clothing, and Personal Protective Equipment.

\_\_\_\_\_  
Chief/Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

***Received by***

***Processed on***

\_\_\_\_\_  
FRFS Training Director's Signature

\_\_\_\_\_  
Date

***Please make check or PO payable to the Fairfield Regional Fire School; credit cards not accepted.  
No application will be processed without \$95 tuition and authorized signature.***