

# KCTCS

## State Fire/Rescue Training Area 5

# Fire Dept. Training Request

Indicate up to 30 hours of single instructor training from the courses listed below.

<b>BASIC FIRE SUBJECTS</b>	# hours
A0000 ___ Administration & Org	___
B0000 ___ Safety	___
C0000 ___ Fire Alarm & Communications	___
D0000 ___ Fire Behavior	___
E0000 ___ Extinguishers	___
F0000 ___ Personal Protective Equipment	___
G0000 ___ Forcible Entry	___
H0000 ___ Ventilation	___
I0000 ___ Ropes	___
J0000 ___ Ladders	___
K0000 ___ Fire Hose/Nozzles/Appliances	___
L0000 ___ Foam Fire Streams	___
M0000 ___ Fire Control	___
N0000 ___ Loss Control (Salvage/Overhaul)	___
O0000 ___ Victim Search and Rescue	___
R0000 ___ Water Supply	___
S0000 ___ Sprinklers Training	___
U0000 ___ Fire Prevention/Public Fire Ed	___
V0000 ___ Building Construction	___
W0000 ___ Aircraft Crash Firefighting	___
X0000 ___ Emergency Disaster Planning	___
Y0000 ___ Fire Investigation Training	___
EE0000 ___ Building Pre-Planning Training	___

<b>APPARATUS</b>	# hours
R0000 ___ Mobile Water Supply	___
Z0000 ___ Pump Ops & Maint (Gen/Update)	___
Z0000 ___ Pump Ops & Maint (Full Course)	16
Z0000 ___ How to Test Pumps	___
CC0000 ___ Drivers Training (General/Update)	___
CC0001 ___ Drivers Training (Full Course)	12
CC0002 ___ Drivers Training (POV)	___
CC0000 ___ Trailer Ops/Safety (Classroom)	4
CC0000 ___ Trailer Ops/Safety (Cone Course)	4
HH0000 ___ Aerial Operations (Gen/Update)	___
HH0001 ___ Aerial Operations (Full Course)	20

<b>EMERGENCY MEDICAL TRAINING</b>	# hours
P0000 ___ First Aid (ASHI)	___
P0001 ___ CPR/AED Training (ASHI)	___
P0002 ___ BBP/HIV/AIDS Training	___
P0020 ___ PAHT	2
___ Cont. Ed Hours (Specify Level & Topics)	___

<b>HIGHWAY/TRAFFIC SAFETY</b>	# hours
B0000 ___ Traffic Incident Mgmt. (TIMS)	4

<b>RESCUE</b>	# hours
Q0000 ___ Rescue (Specify Topic)	___
Q0001 ___ Hybrid Vehicle Incidents	4
Q0001 ___ Vehicle Rescue/Extrication	___
Q0006 ___ Farm Rescue Awareness	4

<b>FIRE OFFICERS TRAINING</b>	#hours
AA0000 ___ Leadership I	14
AA0000 ___ Leadership II	14
AA0000 ___ Leadership III	14
AA0000 ___ MCTO-D	16
AA0000 ___ STICO	12
AA0000 ___ PICO	12
AA0000 ___ Incident Safety Officer	16
AA0000 ___ Officers Training (Specify Hours, Level, and Topics)	___

<b>HAZARDOUS MATERIALS</b>	# hours
T0000 ___ Hazmat (Specify Topics)	___
T0001 ___ Emergency Response Guide	4
T0001 ___ Hazmat Awareness	8
T0002 ___ Hazmat Operations	12
T0004 ___ Refresher (Specify Level)	___

<b>NIMS</b>	# hours
FF0001 ___ ICS 100	10
FF0002 ___ ICS 200	12
FF0007 ___ ICS 700	8

<b>OTHER AVAILABLE COURSES</b>	# hours
B0000 ___ Utility Emergencies	3
B0000 ___ VIPER - Violence Intervention By Prevention for Emer. Responders	2
X0000 ___ Terrorism/WMD Awareness	3
X0000 ___ Weather Emergencies	3
BB0000 ___ Methodology Refresher	4/8
B0000 ___ Courage to Be Safe	4

### CLASSES OFFERED FREE OF CHARGE (MULTIPLE FIRE DEPARTMENTS)

FC30000 ___ Wildland Awareness	3
FC40000 ___ Flashover Recognition	3/8

**Additional Courses Requested by County or Multiple Departments**

Certain classes, such as Firefighter Survival and Rescue, ICS 300/400, Hazardous Materials Technician, IFSAC Fire Officer I, and several others may be available on a countywide basis or by multiple departments collectively pooling their hours. If you are interested in one of these classes or a class that you don't see listed on this form, email: russelle.todd@kctcs.edu to inquire for more information. I will also be offering courses throughout the year in different parts of the Area such as Firefighter Survival and Rescue, Flashover & Fire Officer 1.

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**DEPARTMENT CONTACT INFORMATION (Please complete all blanks)**

**Fire Department Name** \_\_\_\_\_

**Physical address of primary station:**

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Street Address	City	Zip Code
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**Mailing address of primary station:**

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Street Address	City	Zip Code
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**Fire Department Phone Number** \_\_\_\_\_

**Fire Department General Email Address** \_\_\_\_\_

**Fire Department Website** \_\_\_\_\_

**Fire Chief's Name** \_\_\_\_\_

**Fire Chief's Phone Number(s)** \_\_\_\_\_

**Fire Chief's E-mail Address** \_\_\_\_\_

**Training Officer's Name** \_\_\_\_\_

**Training Officer's Phone Number(s)** \_\_\_\_\_

**Training Officer's Email Address** \_\_\_\_\_

**Which should our instructors contact first to schedule the classes, the Fire Chief or Training Officer?** \_\_\_\_\_

**Department meeting night and time** \_\_\_\_\_  
(Would like to come out and visit)

**Month you would like training to begin?** \_\_\_\_\_

**Fire Chief's Signature** \_\_\_\_\_