



Clinton County OES

Training Tower Scheduling Application

Lead Department/Agency Requesting Use: _____

Additional participating Departments/Agencies: _____

Chief/Dept. Head Name: _____ Cell #: _____ E-mail: _____

Training Officer Name: _____ Cell #: _____ E-mail: _____

Lead Agency Chief and Training Officer (individual facilitating training onsite on the day of use) shall be identified above and are responsible for all evolutions, activities and coordination with the OES identified facilitator assigned and indicated below.

Type of Training Evolutions Planned: _____

Be specific as to what evolutions are planned (live burn, ventilation, standpipe, ladders, high angle, forcible entry, search and rescue with simulated smoke, confined space, simunitions, flash bang, gas (for LE training) etc.

If Live Burn is requested, check which space/spaces are desired for your planned evolutions. Note that only one fire/space per evolution is permitted. Two separate water sources (two engines each from their own hydrant). Coordination of all apparatus required including air truck if necessary is the responsibility of the Lead Department/Agencies Chief or Training Officer.

_____ Class A 1st floor _____ Gas Prop 2nd floor _____ Class A Attic smudge

Proposed Training Date: _____ Start Time: _____ End Time: _____

Tower Training Request form shall be submitted at least two weeks prior to the proposed training date. OES staff will check the Training Tower Schedule as well as the schedule for OES Tower Training Facilitators and return a copy of this form with approval to the Chief / Department Head and Training Officer indicated above in a pdf formatted e-mail attachment. All effort will be made to accommodate all requests including suggesting that departments team up if multiple departments/agencies request use at conflicting times.

Section Below to be reviewed by requesting agency but completed by OES staff.

Proposed Date Approved: Yes _____ No _____ Reason for denial: _____

TOP Water Dept. notified of planned training/water system use: By: _____ Date: _____

OES Training Tower Facilitator assigned: Yes _____ No _____

Facilitators Name: _____ Cell #: _____ E-mail: _____

The Lead Department/Agency Chief/Agency Head or the Training Officer listed above shall coordinate prior to the date of proposed training with the above assigned Facilitator. The OES Training Tower Facilitator shall be

on site when all evolutions are conducted and shall have the final say on all evolutions including termination of evolutions for safety of tower users, safety and condition of the training facility. All injuries, damage to department as well as OES equipment and/or facilities shall be reported to the OES Training Tower Facilitator immediately.

Notes:

1. Departments should plan on supplying their own class A burn materials. OES does acquire class A burn materials (hay bales and pallets) and may or may not have materials on site for your proposed burn (Facilitator will have final say on amounts of material burned during each evolution and in each room). Departments bringing Class A burn materials are encouraged to bring more than they may need to help stockpile materials for future Firefighter I and other classes offered County wide.
2. Any use of roof top ventilation simulators for actual cutting of chop out holes or flat roof scuttle will require replacement of plywood panels at the using department's expense. All roof top training openings must be covered with plywood at the completion of all evolutions such that the building is closed in and ready for the next department planning to train.
3. At this time liquid smoke and industrial gasses for the building wide smoke generation system as well as for the gas burn prop will be provided by the County to determine usage and actual cost over the course of a year. After actual annual operating costs can be determined for these materials an annual fee per department may be established for training tower use.

Section Below to be completed by OES Training Facilitator on day of training evolutions.

Dept Name: _____ # of Members: _____ / Dept Name: _____ # of Members: _____

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Evolutions Complete and Comments (note any damage or changes/work required before next evolutions):
