



NYSAFC Regional Hands-On Training **FLASHOVER**



Host: Saranac Lake Volunteer Fire Department Franklin County September 12-13, 2020

Bloomington Fire Department • 1635 NYS Route 3 • Bloomington, NY 12913

It is said that if you're more than five feet from the doorway, your chance of survival in a flashover is minimal. Working in this program, you'll experience fire development from the incipient stage all the way to flashover. You'll be able to identify the signs of the event before you're part of the flashover. If you've never been in a flashover container, this program – staffed by America's most seasoned instructors with years of experience teaching with a simulator – is a must. The program includes a one-hour classroom lecture, followed by two hours of intense live fire hands-on training evolutions in NYSAFC's mobile flashover simulator.



NYS AFC Regional Hands-On Training **FLASHOVER** Student Registration Form

Host: Saranac Lake Volunteer Fire Department

When: September 12-13, 2020

Where: Bloomingdale Fire Department • 1635 NYS Route 3 • Bloomingdale, NY 12913

Registration Fee: \$100 per NYS AFC Member • \$125 per Non-Member

Student must be a NYS AFC Individual Member or student's fire department must be a NYS AFC Department Member for discounted rate. Three-hour program includes one-hour lecture, followed by Flashover Hands-On Training.

Course Prerequisites (or Equivalents): Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must also provide a signed authorization letter from the chief of his/her department (sample letter will be provided with student registration confirmation). All students must be interior qualified under New York state requirements to participate in live fire training programs.

PPE Requirements: Turnout coats and helmets will be provided to avoid heat and smoke damage to students' department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

Student Information *(Use one form per student.)*

Name: _____ NYS AFC Member #: _____

Title: _____ Department: _____

Home Phone: () _____ Cell Phone: () _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Email: _____

Training Date/Session *(Select one date/session. Maximum of 12 students per session.)*

September 12: Session A (8:00 – 11:00 a.m.) September 13: Session A (8:00 – 11:00 a.m.)

September 12: Session B (10:00 a.m. – 1:00 p.m.) September 13: Session B (10:00 a.m. – 1:00 p.m.)

September 12: Session C (12:00 – 3:00 p.m.) September 13: Session C (12:00 – 3:00 p.m.)

Payment

NYS AFC Individual or Department Member (\$100 per person) Non-Member (\$125 per person)

Method of Payment: Check (Made payable to NYS AFC) Voucher Credit Card Cash

Card #: _____ Expiration Date: ____/____/____ CVN #: _____

Name on Account: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

Return to New York State Association of Fire Chiefs by September 7, 2020

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063

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