



NYSAFC Regional Hands-On Training **FLASHOVER**



**Host: Firefighters Association of the State of New York
In conjunction with the FASNY Annual Convention
August 10, 2024**

Sanborn Fire Department
5811 Buffalo Street • Sanborn, NY 14132

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.



NYSAFC Regional Hands-On Training **FLASHOVER** Student Registration Form

Host: Firefighters Association of the State of New York

In conjunction with the FASNY Annual Convention

When: August 10, 2024

Where: Sanborn Fire Department • 5811 Buffalo Street • Sanborn, NY 14132

Registration Fee: \$100 per person

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: _____ NYSAFC 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.)

August 10: Session A (8:00 – 11:00 a.m.)

August 10: Session B (10:00 a.m. – 1:00 p.m.)

August 10: Session C (12:00 – 3:00 p.m.)

Payment

Method of Payment: Check (Payable to NYSAFC) Voucher Credit Card (3% service fee will be applied) Cash

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

Name on Account: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

Return to New York State Association of Fire Chiefs by August 5, 2024

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

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