SUFFOLK COUNTY FIRE ACADEMY
FIREFIGHTER 1 PERSONAL ATTENDANCE SHEET

Student Name:_____

FDID#: 52_____ Department Name: _____

***SCFA Student ID# _____ NYS Training I.D.#: _____**

Lead Instructor:_____ Instr. Contact Info:_____

SCFA Student I.D. # consists of the first two letters of your last name and the last four digits of your social security number. Obtain Fire Department Identification # (FDID #) from Instructor

Location	Session	Subject	Date	Instructor Signature
	1	Firefighter 1 Orientation		
	2	Building Construction		
Virtual	3	Intro to Fire Service & Communications		
	4	Fire Dynamics		
	5	Ladders & Forcible Entry		
Self-Paced	6	PPE & Fire Extinguishers		
	7	Tactical Ventilation		
Self-Paced	8	Fire Hose & Ropes		
	9	Hose Operations		
Self-Paced	10	Search		
	11	Fire Suppression		
Self-Paced	12	Overhaul, Property Conservation & Scene Preservation		
	13	Haz Mat Operations 1		
Self-Paced	14	Haz Mat Operations 2		
	15	Haz Mat Operations Workshop		

Suffolk County Fire Academy
FIREFIGHTER I
Training Authorization Letter

To the Suffolk County Fire Academy:

The firefighter listed below is an active member of _____Fire Department, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Suffolk County Fire Academy is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

Fill in YES and DATE	YES	DATE
The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910.134.		
The firefighter listed below is authorized to use SCBA and participate in interior/exterior firefighting evolutions.		N/A
The firefighter listed below is CPR and First Aid Certified as per the current NFPA 1001 standard.		
PPE for the firefighter fits properly. All PPE including SCBA has been inspected by our fire department and is clear to be utilized for all fire training provided by the SCFA.		

Print Chief's Name | Chief's Signature | Date

Course Information

Course Record # | Course Title **FIREFIGHTER I**

Student Information

Last Name | First | MI

Address | City | State

Home Phone ( ) | Work Phone ( ) | Zip

I, _____ , have read, fully understand and agree with above information. I understand and
PRINT NAME OF FIREFIGHTER
acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF FIREFIGHTER | DATE

And, if firefighter is 16 or 17 years old, the following consent must be provided:

I, _____, parent or legal guardian of _____ consent to
PRINT | PRINT NAME OF FIREFIGHTER
his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the instructor to remove_____
PRINT NAME OF FIREFIGHTER
from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

SIGNATURE OF AUTHORIZED LEGAL GUARDIAN | DATE

PRINTED NAME | RELATIONSHIP TO FIREFIGHTER

Please note: No persons under the age of 16 may attend or participate in any training course delivered by the Suffolk County Fire Academy.

Suffolk County Fire Academy
FLASHOVER SIMULATOR
Training Authorization Letter

The following must be completed and presented prior to receiving Flashover Survival training.

I am an active interior firefighter with the _____ Fire Department and covered by my department/district's insurance while participating in this training, and that the Suffolk County Fire Academy, its directors or employees shall not be liable for any injuries sustained during such training. I am considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus). I further understand that the Suffolk County Fire Academy, its directors, or employees shall not be liable for any damage to my protective equipment while participating in Flashover Survival training.

I acknowledge and will abide by the following safety standards:

- Long pants and long sleeve shirt must be worn.
- No wet gear is permitted.
- No sport performance fabric type clothing permitted.
- All metal articles on undergarments or skin, i.e. piercings, bras, etc. are prohibited.
- Properly fitting PPE shall be worn. All PPE including SCBA shall be inspected prior to the evolution.

I,_____, have read, fully understand and agree with the above information.
PRINT NAME OF FIREFIGHTER

I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

_____ _____
SIGNATURE OF FIREFIGHTER DATE

And, if the firefighter is 16 or 17 years old, the following consent must be provided:

I, _____ , parent or legal guardian of _____ consent
PRINT PRINT NAME OF FIREFIGHTER

to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the instructor to remove _____ from the simulation or
PRINT NAME OF FIREFIGHTER

course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/ herself or another.

_____ _____
SIGNATURE OF AUTHORIZED LEGAL GUARDIAN DATE

Please note: No persons under the age of 16 may attend or participate in any training course delivered by the Suffolk County Fire Academy.

TA ☐

FA ☐

SUFFOLK COUNTY FIRE ACADEMY
FIREFIGHTER 1 PERSONAL ATTENDANCE SHEET

FDID#: 52_____ **Department Name: _____**

***SCFA Student ID# _____** **Student Name: _____**

FEMA NIMS On-Line Class Must be Completed Prior to the First Session

You need to access the class at the FEMA website: **http://training.fema.gov/nims**

Certificates of completion will be verified by Fire Academy Instructor

Date	Subject	Instructor Print Name	Instructor Signature
	ICS 100		

Hands-on Skills

Live Fire Suppresssion Verification

Date	Subject	Instructor Print Name	Instructor Signature
	SCBA Emergencies		
	Ladders		
	Search/F.E.		
	Fire Behavior/Flashover		
	Int. Structural Attack/Hose Handling JPR#: 5.3.10		

OFFICE USE ONLY

Final Exam

Taken upon completion of all Lectures and Hands-on Skills training

Date	Subject	Instructor Print Name	Instructor Signature
	Practical Skills Test		
	Written Final Exam		

NOTE: **Full turnout gear and SCBA is required at all hands-on skills training.**

SCFA FIREFIGHTER–1

Rules and Responsibilities

The Firefighter-1 Course consists of twenty-one (21) firefighting subjects and three (3) sessions of Hazardous Materials Operations training. Additionally, there are Five (5) Hands-On Training "HOT" exercises that must be completed.

Responsibilities of the Student:

You must register for the course and be accepted prior to attending the first session.

- **Obtain course materials prior to attending the first class**
  - Course materials include: Firefighter-1 Student textbook, rope short, DOT/Emergency Response Guide and paperwork packet.
  - **Read and comply with the class syllabus**
  - The textbook is the **IFSTA Essentials of Fire Fighting and Fire Department Operations (7th edition)**
  - **Enroll in the class on the IFSTA ResourceOne website.** *The link and enrollment key are included in the acceptance e mail..* ***The deadline for this pre-requisite is two weeks prior to the first class. Failure to meet the deadline will result in your withdrawal.***
  - **Print the attached forms in this email (paperwork packet**):
    1) Personal attendance sheet (stamp sheet)
    2) Training Authorization Letter – This letter must be completed and signed by your department's Chief. Upload this document on ResourceOne at least one week prior to the first class. Bring a hard copy to the first class.
    3) Flashover Authorization form – Must be completed and signed. Upload this document on ResourceOne at least one week prior to the first class. Bring a hard copy to the first class.
    4) Student registration form- Must be filled out completely.
    5) Student Data sheet- You must use this form to obtain a NYS ID# . Form must be submitted forthwith to NYS OFPC as per directions on the form.

- **Complete the pre-course assignments.**
- ***There is a $25.00 fee to replace lost or damaged stamp sheets.***
- The rope short must be brought to Session 1 (Orientation) and all Hands-on Training (HOT) Sessions.
- **You must be logged on 5 minutes before Virtual sessions**.
- **Full PPE and SCBA are required for Session 1 (Orientation) all Hands-on Training (HOT)** sessions. Pants and a long sleeve shirt are required for the Flashover Simulator. All piercings must be removed**.** ***SCFA is not responsible for your PPE, SCBA, Cylinders, personal items or other equipment while you attend training. Ensure all of these items are properly marked with your Fire Department name or identification numbers and maintain appropriate vigilance in the care of these items*****.**
- All required assignments (quizzes, tests, on-line posts, etc.) must be successfully completed prior to the HazMat Operations Workshop**. A mark of at least 75% on each test/quiz is required.**

SCFA FIREFIGHTER–1

Rules and Responsibilities

- **<u>Any student who does not remain current with the required test, quizzes and discussion forum post</u> may be required to withdraw from the course.**

Additional Course Requirements:

- **CPR** – The Chief of your fire department must certify on the Training Authorization Letter that you have complied with the CPR and First Aid requirements prior to the first class.
  NIMS - You must complete FEMA ICS 100 prior to the first class. This program can be taken online and accessed at the FEMA website. Upload this document on ResourceOne at least one week prior to the first class. Bring a hard copy to the first class.

- **The *Final Exam* is in two parts: Practical Skills Exam and a 150-question written final exam**.
  - The student must successfully complete the Practical Skills Exam and pass the 150-question written test with a minimum score of 70% in order to receive certification. The Practical Skills Exam must be successfully completed prior to taking the written exam.

  - Results of the test will be mailed to your department's Chief. **<u>Do not call the Fire Academy for the results</u>.**

  - Any student who does not pass the written test, may retake the exam (must be taken within one year of the start date for the course). If the student fails the exam for a second time, they must retake the entire course.

  - Any student with a valid IEP must inform their lead instructor and be guided by their instructions. The student must also complete the IEP reasonable accommodation form located on the SCFA website.

Suffolk County Fire Academy

Firefighter I – Hands on Training

Rules and Procedures

- Weekend classes start at 8:00 a.m. and weeknight classes start at 7:30 p.m. **You must be seated in the classroom 20 minutes prior to the start of each session. I**n the event of an unforeseen lateness, call 631-924-6822 x 211 to inform the Field Supervisor.
- Upon arrival at the Fire Academy, place your PPE on the Gear racks located outside on the west side of the building.
- If there is inclement weather, check the bulletin board in the foyer for directions for gear placement.
- Check the bulletin board in the foyer for your classroom assignment.
- Bring water and maintain proper hydration levels during training.
- The rope short must be brought to all Hands-on Training (HOT) Sessions.
- You must be dressed appropriately for training. Performance-based clothing (Under Armour type) is prohibited. Long pants and long-sleeved shirts are required.
- All metal articles on undergarments or skin are prohibited.
- Full PPE & SCBA are required for all Hands-on Training (HOT) sessions. **Ensure the SCBA is in working order (no low battery alarms). Spare cylinder is required for Saturday sessions.**
- **The Suffolk County Fire Academy is not responsible for your PPE, SCBA, Cylinders, personal items or other equipment while you attend training. Ensure all of these items are properly marked with your Fire Department name or identification numbers and maintain appropriate vigilance in the care of these items.**
- **Flashover Safety –**
    1. *Long pants and Shirt are required (bring at least one extra shirt).*
    2. *All piercings and jewelry must be removed.*
    3. *No metal straps or underwire Bras.*
    4. *Wet gear is prohibited.*
- At the conclusion of daily training, ensure your stamp sheet has been signed by the instructor and that you fill in the date of training**.**
- **Compliance with the NFPA Respiratory Protection policy is required. (clean shaven)**
- **Listen to and obey orders from the instructors.**

NEW YORK STATE | Homeland Security and Emergency Services | Fire Prevention and Control

EOSB - 601 (6/18)

Student Data Sheet

☐ **Requesting New Student ID** ☐ **Update to Current Student ID**

Student Identification #								
N	Y							

Student Name

Last Name	Suffix	First Name	M.I.

Primary Agency

FD Identification #	Appt. Date	Primary Name

Secondary Agency

FD Identification #	Appt. Date	Secondary Name

Student Information

Address		
Address		
City	State	Zip

Primary Phone	- -	Primary Email	

Date of Birth						Last 4 of Social Security #			

Gender *(optional)* ☐ Male ☐ Female

Education Level *(optional)*

☐ High School / GED	☐ Associates	☐ Masters
☐ Some College	☐ Bachelors	☐ Other

Submit Form

or print and email a scanned copy to:
ofpc.training@dhses.ny.gov

OFFICIAL USE ONLY

Data sheet processed by: _____

Date ID emailed to student:					

Firefighter I Student Registration Form

This form ***must be completed*** by all Firefighter I Students and submitted to the Fire Academy Instructor at the ***FIRST Session of the Firefighter I Course*** (Orientation).

Student Name:_____ Student ID:_____

Department: _____ Student Email:_____

Department Training Chief's Email: _____

I hereby authorize the Instructors and/or staff at the Suffolk County Fire Academy to discuss my progress in the Firefighter I Training course with my Training Chief.

Signature:_____ Date:_____