

State Fire Rescue Training Area 14



219 Industry Dr, Jamestown, KY 42629 * 1-866-280-0189 * 270-343-2113 * Fax 270-343-2114

June 15, 2018

Greetings:

I am pleased to be coming to you once again to offer training from Area 14. Last year was a great year for training, and we hope to continue that into the 2018-2019 year.

Enclosed with this letter you will find a training request that you can fill out and identify which topics you would like in your department. Remember, each department can now receive up to 30 hours of training per year. We encourage you to fill out these sheets and return them as soon as possible, so that we will have ample time to schedule the classes at the time you request. Failure to return the sheet does not deny your department training, but it does make it more difficult to accommodate your request since many departments train on the same night. Please include on the request sheets the time your training begins (including Eastern or Central Time Zone), so that information can be passed along to the Instructor.

There is also a contact information sheet provided. Please complete and return that sheet, even if you do not request any classes. We try to keep our department information up to date to better serve the departments of Area 14. We can use that information to not only contact you when we have a question, but to forward valuable information to you, especially by email.

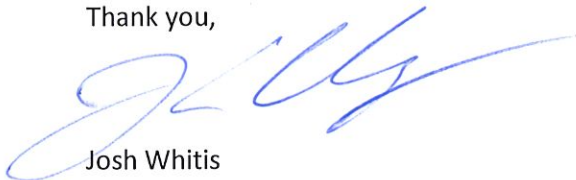
With the new requirements for the 150 hour certification being based on three hour classes, we will be teaching one topic per night. Each class will generally last for three hours, with some special topics being an exception. Please mark the topics you would like covered and let us know the night(s) your department trains. We will then contact you via email (preferred) when the classes are scheduled.

Thank you for your time and please do not hesitate to contact me or Rob with any questions you may have. I look forward to hearing from you!

josh.whitis@kctcs.edu

robert.garland@kctcs.edu

Thank you,



Josh Whitis



FD Name _____



2018 – 2019 FIRE DEPARTMENT TRAINING REQUEST STATE FIRE/RESCUE TRAINING AREA 14

Place an X in the left column next to the requested subject. Indicate the number of hours requested for each subject in the right column.

A-0000	___	Admin & Organization	___
B-0000	___	Safety	___
C-0000	___	Communications	___
D-0000	___	Fire Behavior	___
E-0000	___	Extinguishers	___
F-0000	___	Personal Protective Equipment	___
G-0000	___	Forcible Entry	___
H-0000	___	Ventilation	___
I-0000	___	Ropes	___
J-0000	___	Ladders	___
K-0000	___	Fire Hose/Nozzles/Appliances	___
L-0000	___	Foam	___
M-0000	___	Fire Control	___
N-0000	___	Loss Control	___
O-0000	___	Victim Search and Rescue	___
Q-0001	___	Vehicle Extrication	___
R-0000	___	Water Supply	___
S-0000	___	Fire Protection Systems	___
U-0000	___	Fire Prevention/Public Fire Ed	___
V-0000	___	Building Construction	___
W-0000	___	Aircraft	___
X-0000	___	Emergency Disaster Planning	___
Y-0000	___	Cause & Origin Fire Investigation	___
AA-0000	___	Fire Officers Training	___
FC10000	___	Kentucky FF Survival	___
FC20000	___	Kentucky FF Rescue	___
FC30000	___	Kentucky Wildland Awareness	___
FC40000	___	Kentucky Flashover Recognition & Survival	___



FD Name _____



ADDITIONAL TRAINING

Place an X on the line next to the requested subject. The number of hours will vary based upon the subject being taught.

Apparatus

- ___ Pump Maintenance
- ___ Pump Operations
- ___ Aerial Operations

Emergency Vehicle

- ___ Drivers Training (classroom)
- ___ Drivers Training (cone course)
- ___ Traffic Incident Management

Emergency Medical

- ___ CPR Pro Rescuer
- ___ First Aid
- ___ Blood borne pathogens

Hazardous Materials

- ___ HazMat Awareness (eight hours)
- ___ HazMat Operations (sixteen hrs)

Rescue

- ___ Rope Rescue (High or Low Angle)
- ___ _____

NIMS

- ___ ICS 300 (twenty hours)
- ___ ICS 400 (sixteen hours)

Other:

___ hrs _____

___ hrs _____

SCHEDULING AND CONTACT INFORMATION

DEPT NAME _____

ADDRESS _____

Mailing Address

City

Zip Code

Physical Address of Fire Station (Location of Training and directions if possible – use back of sheet if needed)

Station Phone () _____ Fax () _____

Chief _____

Chief's phone number () _____ Cell # () _____

Chief's email address _____

Asst. Chief _____ Cell # () _____

Asst. Chief's email address _____

Training Officer _____ Cell # () _____

Training Officer's email address _____

Training night _____

Time – _____ Time Zone- _____

Specify what week (if needed) 1st 2nd 3rd 4th 5th Any

Month you would like to begin? _____

Please complete this form now so that we can prepare our schedule regardless of what month you choose to begin the training.

Chief's signature _____

Date _____

Please complete all information so that we will be able to update our records.

Please return this form even if you are not requesting training at this time.