

HEARTLAND FIRE TRAINING



LIVE FIRE TRAINING I.A.P.

Name:

Date:

Submitted by:

Agency Name:

INSTRUCTIONS FOR CONDUCTING LIVE FIRE TRAINING

1. Meet with the HTFA Training Manager and obtain the HFTA Policies & Procedures Section 2.1-2.3. Present training objectives, level of qualifications of instructors and personnel to be trained (must be a minimum of NFPA 1001), and additional safety measures to be implemented.

2. Review and complete the following documents:

- A. HFTA Policy & Procedure 2.1 Safety Officer
- B. HFTA Policy & Procedure 2.2 Use of PPE
- C. HFTA Policy & Procedure 2.3 Live Fire Training
- D. HFTA Facility Use Agreement and Certificates of Insurance. (For non-JPA members).
- E. HFTA Live Fire Training Incident Action Plan (IAP).
 - ICS 201 (Plot Map & Floor Plan) Sketch in proposed engine, hose line, and live fire placement.
 - ICS 202 Incident Objectives. (Add objectives as needed to accomplish training outcomes).
 - ICS 203 Organization Assignment List.
 - Resource Ordered List.
 - ICS 205 Communications Plan.
 - ICS 206 Medical Plan.
 - HFTA Agreement Signature Form.
 - Pre-burn Checklist. (To be checked off the day of training).

3. Coordinate with HTFA Manager or designee.

4. Meet with HTFA Manager within 96 hours of training date and submit all documents for approval. Acquire HTF Manager's signature on IAP.

Actions to be Performed the Beginning of Each Day of Training

5. Display instructor and trainee position rotations matrix on white boards and post in briefing area. Take photo of matrix and attach to the original IAP for filing.

6. Distribute copies of IAP to participants of training and conduct full briefing on training exercise and safety measures. Entire building layout walk through must be conducted, including operation of door and window latches.

7. Complete Pre-burn checklist immediately prior to conducting live fire training exercise.

PRE-BURN CHECKLIST

Ensure Required paperwork has been completed and submitted to HTFA Training Manager.

General Duties:

Call Heartland Dispatch (HCFA) and inform them of live fire training.

Obtain training channel(s) as needed.

Assign Instructors (Use consistent ICS span of control) Positions marked with an * must be filled.

*Incident Commander (IC)

*Safety Officer

*Accountability (AO)

*Ignition Officer

*Rapid Intervention Crew (RIC)

Attack hose Line(s)

*Attack line pump operator

Back up hose line(s)

Back up line pump operator

*Ventilation Division (Hatch)

Other Instructors as needed

Brief Instructors on responsibilities:

Accountability

Clothing, SCBA/PASS, and equipment inspections

Understanding tactical and training objectives

Brief participants:

Safety rules

Building layout/walk through

Building evacuation procedure

Crew and Instructor assignments

Evacuation signal/demonstration

Obey all instructions and safety rules

ICS 201 MAP/SKETCH

1. Incident Name

2. Date Prepared

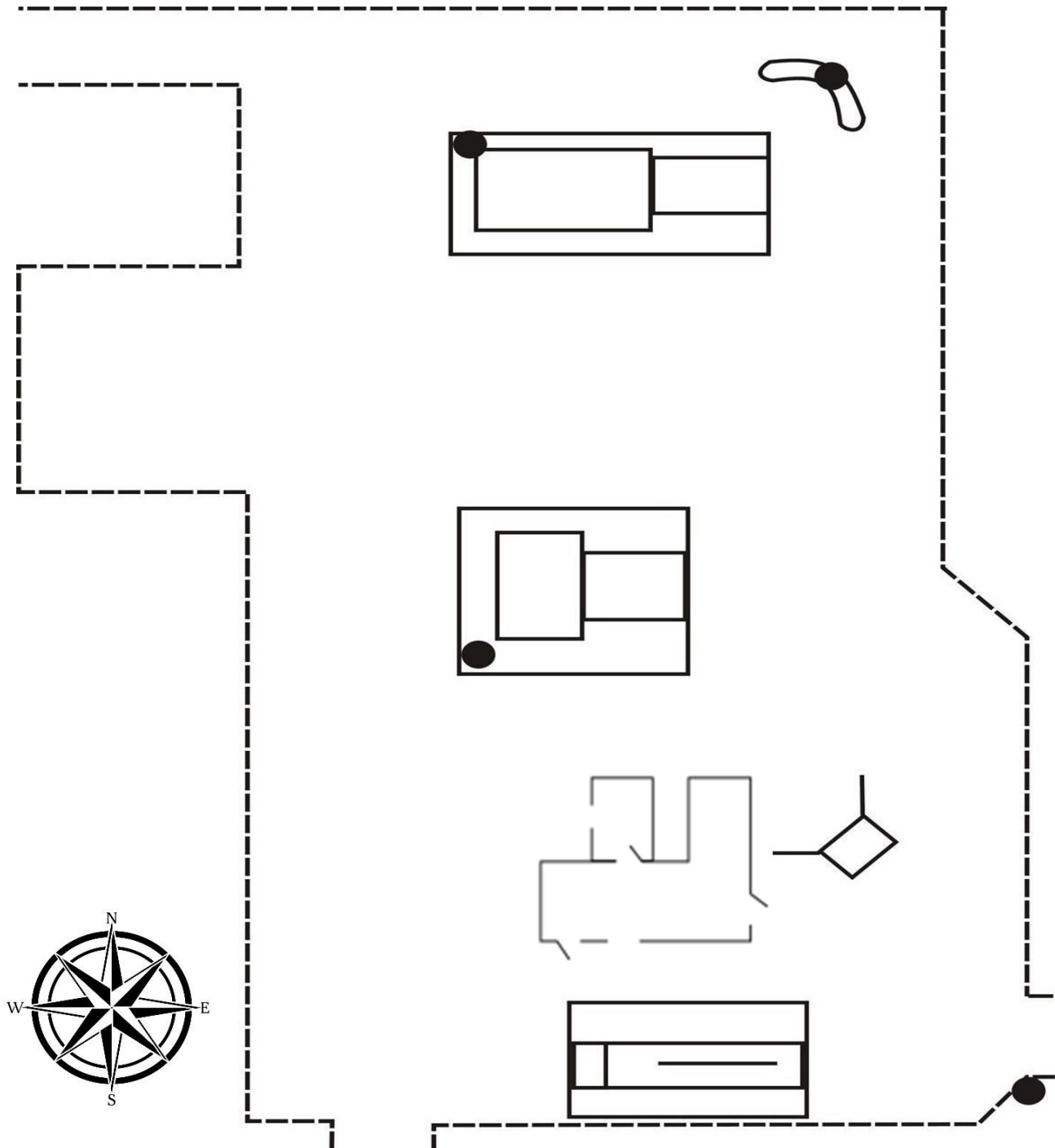
3. Time Prepared

6. Prepared By:

Rank:

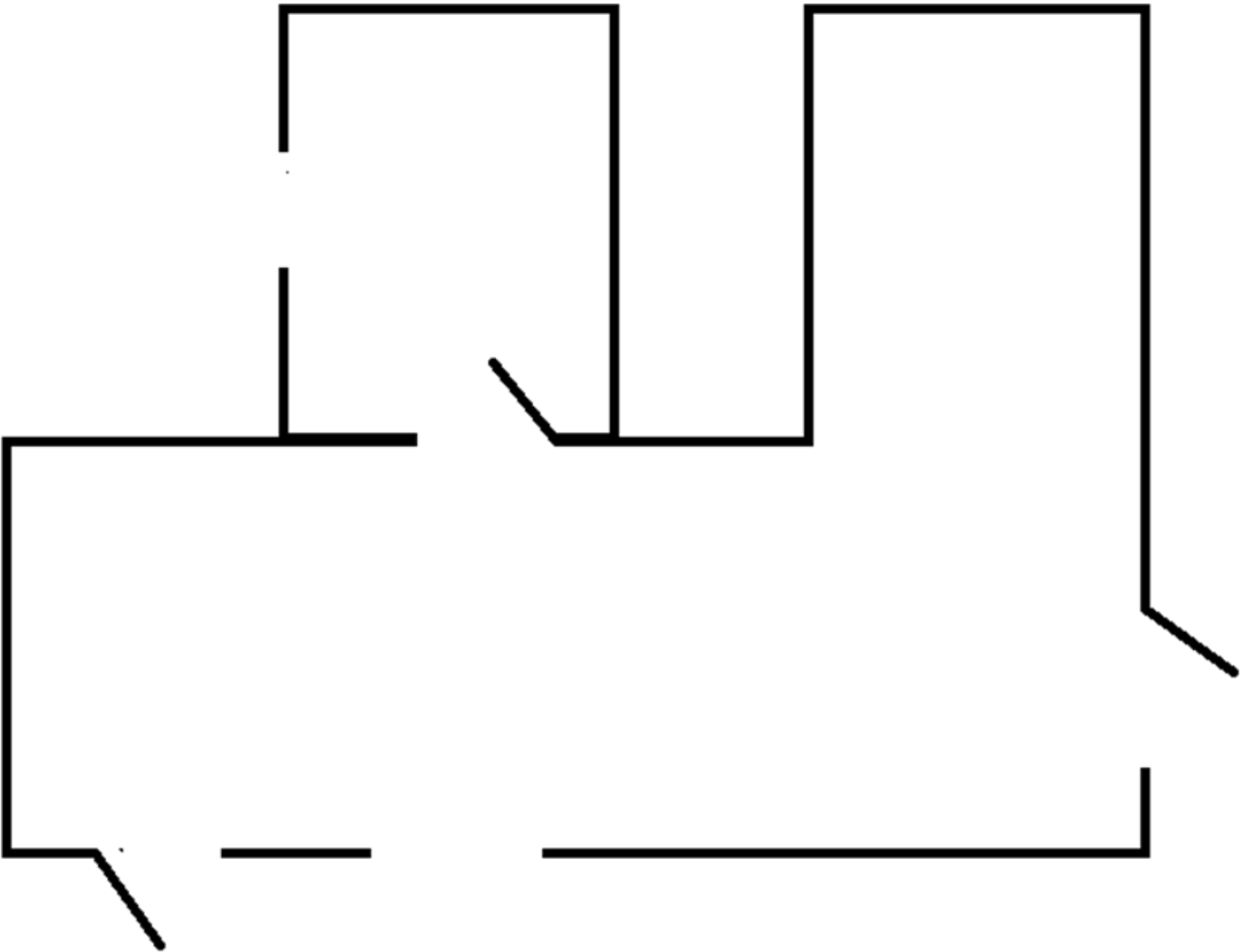
Position:

Signature:



ICS 201 MAP/SKETCH	
1. Incident Name	2. Date Prepared

3. Time Prepared	6. Prepared By:
Rank:	Position:
Signature:	



ICS 203 Organization Chart

1. Incident Name	2. Date Prepared

3. Time Prepared	6. Prepared By:
Rank:	Position:
Signature:	

Incident Command or Senior Instructor

Instructor in Charge or Primary Instructor

Lead instructors	Accountability	Plans	Safety	Ignition

GENERAL I.C. GUIDELINES

Fill in as needed/appropriate.

Positions may be added/deleted at the discretion of the Senior/Instructor-in-Charge.

Attach additional organizational charts as needed.

Resources Ordered	
1. Incident Name	2. Date Prepared

3. Time Prepared	6.Prepared By:
Rank:	Position:
Signature:	

Resource	REQ Time	Checked in	Location	Notes

ICS 202 Incident Objectives

1. Incident Name	2. Date Prepared

3. Time Prepared	7.Prepared By:
Rank:	Position:
Signature:	

General Control Objectives for the Incident

Weather Forecast for Operational Period (Attach print out as needed)

General Safety Message

Attachments as needed

ICS 205 Communications Plan	
1. Incident Name	2. Date Prepared

3. Time Prepared	7.Prepared By:
Rank:	Position:
Signature:	

Radio Type			
Group/Channel			
Function			
Assignment			
Frequency/Tone			
Remarks			

ICS 206 Medical Plan	
1. Incident Name	2. Date Prepared

3. Time Prepared	7.Prepared By:
Rank:	Position:
Signature:	

5. Incident Medical Aid Stations			
Medical Aid Stations	Location	Paramedics	
		Yes	No
Heartland Fire and Rescue Station 9	1301 N. Marshall, El Cajon	X	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Transportation			
A. Ambulance Services			
Name	Phone	Paramedics	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
B. Incident Ambulances			
Name	Paramedics		
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7. Hospitals						
Name	Address	ETT	Phone	Helipad	Burn Center	
					Yes	No
Grossmont	La Mesa	10	465-0711	Y		X
Sharp (Trauma)	San Diego (area code 858)	10	541-3400	Y		X
UCSD (Burn)	San Diego	20	543-6222	Y	X	

8. Medical Emergency Procedures

Terminate drill immediately and mitigate emergency

Notify IC and Safety Officer of emergency

Assess and treat emergency with personnel on scene

If transport is needed, request resources through HCFA

AGREEMENT

I have read, and fully understand and will comply with the Heartland Fire Training Facility (HFTA) Live Fire Training Policies and Procedures.

Incident Name:

Date of Live Fire Training:

Instructor-in-Charge (print)
Primary Instructor

Rank

Department

Instructor-in-Charge (Signature)
Primary Instructor

Rank

Date

Training Chief Officer (print)
Senior Instructor

Rank

Department

Training Chief Officer (Signature)
Senior Instructor

Rank

Date

HFTA Training Manager

(Signature)

Date

