



ANDREW M. CUOMO
Governor

JOHN P. MELVILLE
Commissioner, DHSES

BRYANT D. STEVENS
State Fire Administrator

NYS Office of Fire Prevention and Control SCBA/ Interior Firefighting Operations Course Learning Agreement

The NYS SCBA/ Interior Firefighting Operations course is designed to prepare Basic Exterior Firefighting Operations (BEFO) Course graduates to respond to emergencies and perform as an Interior-structural firefighter. Completion of both courses is designed to accomplish the objectives of the PESH Best Practices document, NFPA 1001 and NFPA 472 and trains the entry level firefighter as an interior structural firefighter as defined by OSHA regulations 1910.156 Fire Brigade Standard, 1910.120 Emergency Response to Hazardous Materials, 1910.146 Confined Space Entry Standard (awareness level) and the 1910.147 Control of Hazardous Energy Standard.

Successful completion of this course requires that the student complete all portions of the course, pass the written testing (Unit 1 review quiz and Unit 15 final exam) with at least a 70% passing grade, correctly demonstrate all associated skills as well as attend all hands-on and testing sessions.

Student Attendance: All sessions must be attended. It is critical that the student attend the course sessions on time as scheduled due to the time frame required to accomplish all skill requirements. The Lead Instructor must be notified in the event of non-attendance or lateness,

Student Obligations: Students are provided with a copy of the SCBA/ Interior Firefighting Operations Course Schedule. Students shall arrive on time having completed the assigned reading and skills practice for each lesson. All students shall bring with them to class: personal protective equipment including SCBA, designated tools (see the list at the end of this document), a writing instrument, and note paper unless otherwise indicated by the instructor. The student is required to obtain and bring to each class a copy of the required textbook, *IFSTA/ Brady Essentials of Firefighting and Fire Department Operations*, 6th Edition. The student is required to complete all homework timely, accurately and completely.

Additionally, the student's fire company or department will be required to support the student through providing apparatus and operators, EMS and FAST/RIT support at designated lessons.

Written Exams: All students will be given two written exams. The Basic Exterior Firefighting Operations (BEFO) review quiz will be conducted in Unit 1 and the final exam will be conducted during Unit 15. Both of these exams must be completed with a grade of 70% or better. All students must pass these two exams to receive credit for the course. If a student fails any of the written exams, they will be allowed to make it up at the convenience of the instructor. If the instructor cannot provide a make-up exam, the student will have to retake the exam in another class.

Request for accommodation for written examinations: The individual requesting accommodation needs to submit a written request with appropriate documentation well in advance of the scheduled test to William.davis@dhses.ny.gov. The student must be able to read and interpret the Emergency Response Guidebook without assistance. The course participant must also read, write, and communicate in English. Questions regarding this policy should be directed immediately to the TAD Fire Protection Specialist for further direction from headquarters.



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Physical Fitness: All students must be fit enough to safely demonstrate the required skills. Students must have been determined to be fit for interior structural firefighting and have medical clearance to use Self-Contained Breathing Apparatus (SCBA) in accordance with 29 CFR 1910.134 which includes passing an SCBA mask fit test for their assigned face piece (OFPC Training Authorization Letter). Students will be training in an IDLH atmosphere during the course.

Practical Skills Evaluations: Every student shall successfully demonstrate all skills. If a student cannot successfully demonstrate a skill, the instructor may elect to provide another opportunity to demonstrate that particular skill.

I _____, understand that I am responsible for the following and that I agree to do my best to meet and exceed these performance expectations:

Bring these items to EVERY lesson-

- **Complete Firefighter's personal protective clothing**
- **Self-Contained Breathing Apparatus (SCBA) with 1 spare cylinder**
- **FD specific SCBA Inspection form**
- **At least 32 oz. of water in sport bottle or similar**
- **Pen or pencil and notebook or other materials for note-taking**
- **1- 8 ft piece of rope (not firefighter self-escape rope) 1/2" in diameter**
- **1- 15 ft. piece of 1" tubular webbing**
- ***IFSTA/ Brady Essentials of Firefighting and Fire Department Operations, 6th edition***

Performance Expectations:

- Makes reasonable, safe decisions when attempting to accomplish a task or solve a problem
- Is courteous and respectful
- Handles interpersonal conflicts effectively
- Uses appropriate tone of voice
- Articulates in a clear, logical and understandable manner
- Displays confidence
- Is persuasive and makes a positive impression
- Effectively works with others in order to accomplish tasks or solve problems
- Consistently demonstrates safe practices for self and others
- Approaches problems in a safe, logical, and well thought-out fashion



Homeland Security and Emergency Services

Fire Prevention and Control

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- Seeks pro-active solutions to problems
- Accomplishes tasks or goals without being ordered, coerced or motivated by others
- Actively seeks academic and technical knowledge for self-improvement
- Adapts behavior in order to deal with changing situations in a safe manner
- Adapts behavior in order to accomplish individual and or/organizational goals
- Is sincere and honest when dealing with others
- Keeps commitments
- Respects personal property of others/their departments
- Obeys all policies of the Office of Fire Prevention & Control and the hosting agency

I have read and understand all the above policies. I also understand that I will be removed from class and not be able to continue in the course if I do not abide by these performance expectations.

Student Signature _____

Date _____

Instructor Signature _____

Date _____

Chief Officer Signature _____

Date _____



Training Authorization Letter

The student listed below is an active member of the agency indicated below, 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 Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Course Information

Course Name

Course Number

Location

Agency Authorization

Agency Name

FDID #

Date

Print Name of Authorized Rep.

Authorized Signature

COMPLETE THE APPROPRIATE SECTION BELOW

INITIAL

- The student listed below is authorized to attend the training indicated
The student listed below has medical clearance to use Self-Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R. part 1910.134 for courses as required.

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact OFFPC

Student Information

Last Name

First Name

MI

Address

City

State

New York Training ID

Primary Phone

Zip

I, [PRINT NAME OF STUDENT], have read, fully understand and agree with the above information. 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 STUDENT

DATE

16 or 17-year-old students must have the section below completed to participate in state fire training

The undersigned parent or legal guardian of [PRINT NAME OF STUDENT] consent 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 and further authorize the instructor to remove the student 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.

PRINTED NAME OF LEGAL GUARDIAN

SIGNATURE OF LEGAL GUARDIAN

DATE

Name: _____ FD Name: _____ Tag #: _____

Confidential
Information herein to be viewed only with permission of person named above, or if that person is unable to provide information to EMS/medical personnel.

Date: _____

Please Print!
(Attach additional sheet if more space is needed)

Personal Physician: _____ Phone #: _____

Allergies (Medication, Environment, Food):

Medications (Prescription, Non-prescription, Herbal, Recreational)		
<u>Name:</u>	<u>Dose:</u>	<u>Frequency:</u>

Tetanus Vaccine / Booster: _____ (Date) Hepatitis B Vaccine / Titre: _____ (Date)

Medical Conditions:

Tobacco Usage: Type: _____ Per day _____ Per week Alcohol Usage: _____ Per week _____ Per month

Hospitalizations or Surgeries: _____ Dates: _____

Misc. Information:

I hereby grant permission to provide emergency care and treatment, if I am unable to give consent.

(Signature) _____ (date)

Instructions:
Please complete form, fold, insert in envelope provided, and seal. Sign name in ink across sealing surface. Envelope and contents will be returned on last day of class.

New York State Division of Homeland Security and Emergency Services
Office of Fire Prevention and Control

Requirements of Students

During Training, the student is expected to participate in demanding physical activity under rigorous physical and environmental conditions, and is also required to meet academic performance standards established by the OFPC. The following list is a general description of the functions students may be expected to perform, and the conditions under which they may be expected to perform them, throughout the duration of this class:

1. Operate both independently and as a member of a team.
2. Spend significant time out-of-doors, exposed to the elements.
3. Tolerate extreme fluctuations of temperature while performing duties, working in hot, humid atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
4. Experience frequent transition from hot to cold and from humid to dry atmospheres.
5. Work in wet, icy or muddy areas.
6. Perform a variety of tasks on slippery, hazardous surfaces, such as rooftops, or from ladders.
7. Work in areas where sustaining traumatic or thermal injuries is possible.
8. Wear personal protective equipment that weighs approximately 50 pounds while performing fire fighting tasks.
9. Perform physically demanding work, while wearing positive pressure breathing apparatus.
10. Perform complex tasks in hazardous environments.
11. Work for long periods of time, requiring sustained physical activity and intense concentration.
12. Make rapid transitions from rest to near-maximal exertion without warm-up periods.
13. Operate in environments of high noise, poor visibility, and limited mobility; at heights; and in enclosed or confined spaces.
14. Use manual and power tools in the performance of duties.
15. Rely on senses of sight, hearing, smell, and touch to help determine the nature of a simulated emergency situation, to maintain personal safety, and to make decisions in a confused, chaotic and potentially life-threatening environment throughout the duration of the operation.
16. Participate in classroom activities, including lecture, discussion and presentations.
17. Complete independent reading assignments and written assignments in a timely manner.
18. Complete written periodic quizzes, tests and final examinations, requiring student reading, analytical, and mathematical skills.

Every student entering a class is required to have completed an evaluation by a physician, and to file a copy of the "Training Authorization Letter" with the Lead Instructor. A person who is determined to be physically and medically fit to be a firefighter may still have a condition which affects his or her ability to perform certain aspects of the job, or which place him or her at greater risk under some working conditions. Examples could include: allergies, including latex allergy, asthma, the use of certain prescription medications, etc., or conditions which affect the ability to perform well academically, such as a reading disability. In the case of physical and medical conditions, it may be very useful for staff to be aware of these in the event that the recruit should need EMS care. In the case of learning disabilities, a reasonable accommodation can be made.



ANDREW M. CUOMO Governor

ROGER L. PARRINO, SR. Commissioner

FRANCIS J. NERNEY, JR. State Fire Administrator

Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodations for state fire training may be made using this form and submitted via email to the Division's Designee for Reasonable Accommodation (DRA), Deputy State Fire Administrator William R. Davis, Jr. at ofpc.ada@dhses.ny.gov or by mail to: 1220 Washington Avenue, Bldg. 7A, Floor 2 • Albany, NY 12226. If the request is made to the instructor, the instructor will forward the request to the DRA. All confidential information received by OFPC pertaining to your request shall be handled as such. All medical information is confidential and maintained separately from your training records.

Section A - (To be completed by student and returned via email)
Student Name, Course Name and Number, Sponsoring Agency, County, Phone #, Email Address, Preferred Method of Communication (Telephone, Email)

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accomodation for the following reason(s):

Required: Attach documentation to support request. Documentation should indicate an assessment was conducted or diagnosis rendered to support request for reasonable accommodation.

Student Signature, Date