



**Kentucky Fire Commission Application for
Live Fire Training**
**This completed application must be submitted
15 working days prior to any live fire acquired structure
training being conducted.**



Name of Fire Department Conducting Training: _____

Address of Department: _____

Location of Training: _____

County of Training: _____ Date of Training: _____ Time of Training: _____

Lead Instructor: _____ Contact Number: _____

List all other instructors that will be assisting in this training: 1. _____

2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____

8. _____ 9. _____ 10. _____

Each Department Shall Maintain Copies of the Following Documentation:

1. Copies of all paperwork submitted to the Kentucky Division of Air Quality (if required)
2. A detailed lesson plan of the training that will be conducted
3. Copy of permission forms to participate in live fire training
4. Copy of proof of a clear title (if required)
5. Copy of Certificate of Cancellation of Insurance on the structure (if required)
6. Site plan drawing of the burn site (if required)
7. Floor plan drawing of the burn site detailing all rooms, hallways, and exterior openings (if required)
8. Asbestos abatement and inspection clearance (if required)

By signing this application, I attest to the best of my knowledge that NFPA 1403 is followed during this live fire training exercise.

Lead Instructor **Date**

Fire Chief or Designee **Date**

Fire Commission Designee **Date**

Regional Training Coordinator **Date**

**Submit all applications to the following:
Commission on Fire Protection Personnel Standards and Education
Attention Marc Rudder or Ericka Cole
118 James Court, Lexington, KY 40505
Forms may be faxed to: 1-859-256-3125**



Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Permits, Documents, Notifications, Insurance

- Secure the following written documentation from the owner:
 - Permission to burn structure
 - Proof of clear title
 - Certificate of insurance cancellation
 - Acknowledgement of post-burn property condition
- Obtain the following:
 - Local burn permit
 - Permission to utilize fire hydrants
 - Authority to block off roads
 - Assistance in traffic control
 - Liability insurance covering damage to other property
 - Written evidence of prerequisite training obtained from participating students from outside agencies
- Notify the following of date, time and location of burn:
 - Appropriate dispatch office
 - All affected police agencies
 - Owners and users of adjacent property
- Ensure proper paper work sent to Division of Air Quality and Fire Commission office



Address: _____
Date: _____
Time: _____
Lead Instructor: _____
Instructor Number: _____

Pre-Burn Planning

Pre-Burn plans made, showing the following:

- Site plan drawing, including all exposures
- Building plan, including overall dimensions
- Floor plan detailing all rooms, hallways, and exterior openings
- Location of command post
- Position of all apparatus
- Position of all hoses, including backup lines
- Location of emergency escape routes
- Location of emergency evacuation assembly area
- Location of ingress and egress routes for emergency vehicles
- Available water supply determined
 - Primary water source _____
 - Secondary water source _____
- Ensure separate water sources established for attack and backup hose lines
- Determine required water flow for the burn building and exposure buildings
 - Critical flow = building Length X Width X Height/100 = _____ GPM
- Required reserve flow determined (50 percent of fire flow) _____ GPM
 - *There must be a minimum of 3000 gallons held in reserve*
- Obtain periodic weather reports obtained
- Designate and mark parking areas
- Establish Operations area and mark perimeter
- Communications established



**Kentucky Fire Commission
Live Fire Checklist**

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Building Preparation

- Building inspected to ensure structural integrity
- All utilities disconnected
- Highly combustibile interior wall and ceiling coverings removed
- All holes in walls and ceilings patched
- Materials of exceptional weight removed from above training areas (or areas sealed off from activity)
- Precut ventilation openings of adequate size for each separate roof area
- Windows checked and operated, opened, or closed as needed
- Building components checked and operated
- Stairways made safe with railings in place
- Chimney checked for stability
- Fuel tanks and closed vessels removed or adequately vented
- Unnecessary inside and outside debris removed
- Porches and outside steps made safe
- Cisterns, wells, cesspools, and other ground openings fenced or filled
- Hazards from toxic weeds, hives, and vermin eliminated
- Hazardous trees, brush, and surrounding vegetation removed
- Exposures such as buildings, trees, and utilities removed or protected
- All extraordinary exterior and interior hazards remedied
- Fire set with prepared class A materials only; no flammable or combustibile liquids, no contaminated materials



Address: _____
Date: _____
Time: _____
Lead Instructor: _____
Instructor Number: _____

Pre-Burn Procedures

All burns shall be conducted in compliance with NFPA 1403

- All participants briefed on the following:
 - Building layout
 - Crew and instructor assignments
 - Safety rules
 - Building evacuation procedure
 - Evacuation signal (must be demonstrated)
- All hose lines must be:
 - Checked for sufficient size for the area of fire involvement
 - Charged and test flowed
 - Supervised by qualified instructors
 - Manned by an adequate number of personnel
- All necessary tools and equipment placed into position
- Participants must be checked for:
 - Approved full protective clothing
 - Approved self-contained breathing apparatus
 - Adequate SCBA air volume
- Ensure all participants have protective ensemble and equipment properly donned
- All participants including instructors placed through incident rehabilitation for a baseline set of vital signs
- List of instructors and assignments
- List of other participants
- Ensure property owner has signed Acquired Building Release form



Address: _____
Date: _____
Time: _____
Lead Instructor: _____
Instructor Number: _____

Post-Burn Procedures

- Account for all personnel
- Overhaul remaining fires (if needed)
- If further training is to be conducted, building must be inspected for stability and hazards
- Conduct training critique
- Prepare records and reports, if required
- Conduct account of activities
- Document any unusual conditions or events
- Document any injuries incurred and treatments rendered
- Document any changes or deterioration of burned building
- Prepare student training records
- Prepare certificates of completion
- Release property to owner



**KENTUCKY FIRE
COMMISSION**
STATE FIRE RESCUE TRAINING

**Kentucky Fire Commission
Live Fire Checklist**

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Responsibilities of Personnel

Instructor-In-Charge:

- Plan and coordinate all training activities
- Monitor activities to ensure safe practices
- Inspect building integrity prior to each fire
- Assign instructors to:
 - Attack hose lines
 - Backup hose lines
 - Functional assignments
 - Teaching assignments
- Brief instructors on responsibilities of:
 - Accounting for assigned students
 - Assessing student performance
 - Clothing and equipment inspection
 - Monitoring safety
 - Achieving tactical and training objectives
- Assign coordinating personnel as needed
 - EMS
 - Communications
 - Water supply
 - Apparatus staging
 - Breathing apparatus
 - Incident rehabilitation
 - Public relations
- Ensure adherence to this standard by all persons within the training area
- No alcohol consumption at any training
- No persons under the influence of drugs or alcohol allowed to participate

Safety Officer

- Prevent unsafe acts
- Eliminate unsafe conditions
- Intervene and terminate unsafe acts
- Supervise additional safety personnel as needed
- Coordinate lighting of fires with instructor-in-charge
- Ensure compliance of participant's personal protective equipment with applicable standards
 - Protective ensemble
 - SCBA
 - Personal alarm devices
- Ensure that all participants are accounted for, both before and after each evolution
- No alcohol consumption at any training
- No persons under the influence of drugs or alcohol allowed to participate

Instructor

- Monitor and supervise assigned students (No more than 5 per instructor)
- Inspect students' protective ensemble and equipment
- Account for assigned students, both before and after evolutions
- No alcohol consumption at any training
- No persons under the influence of drugs or alcohol allowed to participate

Student

- Acquire prerequisite training
- Become familiar with building layout
- Wear full protective ensemble
- Wear approved self-contained breathing apparatus
- Obey all instructions and safety rules
- Provide documentation of prerequisite training, when from an outside agency
- No alcohol consumption at any training
- No persons under the influence of drugs or alcohol allowed to participate



**KENTUCKY FIRE
COMMISSION**
STATE FIRE RESCUE TRAINING

**Kentucky Fire Commission
Live Fire Checklist
Building Floor Plan & Evolution Setup**

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____



**KENTUCKY FIRE
COMMISSION**

STATE FIRE RESCUE TRAINING

Kentucky Fire Commission

Live Fire Checklist

Site Plan/Vehicle Staging

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____



**KENTUCKY FIRE
COMMISSION**
STATE FIRE RESCUE TRAINING

**Kentucky Fire Commission
Live Fire Checklist
Evolution Objectives**

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Objective 1: _____

Objective 2: _____

Objective 3: _____

Objective 4: _____

Objective 5: _____



**KENTUCKY FIRE
COMMISSION**
STATE FIRE RESCUE TRAINING
Kentucky Fire Commission
Live Fire Checklist
Evolution Objectives

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Objective 6: _____

Objective 7: _____

Objective 8: _____

Objective 9: _____

Objective 10: _____



Address: _____
Date: _____
Time: _____
Lead Instructor: _____
Instructor Number: _____

Incident Commander: _____

Instructor In-Charge: _____

Safety Officer(s): _____

Accountability Officer: _____

Engineer on Primary Engine: _____

Engineer on Secondary Engine: _____

Interior Instructors:

RIT Team:

Incident Rehabilitation Officer: _____

Secondary Instructors:



**KENTUCKY FIRE
COMMISSION**
STATE FIRE RESCUE TRAINING
Kentucky Fire Commission
Live Fire Checklist
Accountability

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Student Group Assignments

Group 1

1. Team Leader:

2.

3.

4.

5.

Group 2

1. Team Leader:

2.

3.

4.

5.

Group 3

1. Team Leader:

2.

3.

4.

5.



**KENTUCKY FIRE
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STATE FIRE RESCUE TRAINING
Kentucky Fire Commission
Live Fire Checklist
Accountability

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Student Group Assignments

Group 4

1. Team Leader:

2.

3.

4.

5.

Group 5

1. Team Leader:

2.

3.

4.

5.

Group 6

1. Team Leader:

2.

3.

4.

5.



**KENTUCKY FIRE
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STATE FIRE RESCUE TRAINING
Kentucky Fire Commission
Live Fire Checklist
Accountability

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Student Group Assignment

Group 7

1. Team Leader:

2.

3.

4.

5.

Group 8

1. Team Leader:

2.

3.

4.

5.

Group 9

1. Team Leader:

2.

3.

4.

5.



**KENTUCKY FIRE
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STATE FIRE RESCUE TRAINING
Kentucky Fire Commission
Live Fire Checklist
Accountability

Address: _____

Date: _____

Time: _____

Lead Instructor: _____

Instructor Number: _____

Student Group Assignments

Group 10

1. Team Leader:

2.

3.

4.

5.

Group 11

1. Team Leader:

2.

3.

4.

5.

Group 12

1. Team Leader:

2.

3.

4.

5.



Energy and Environment Cabinet
Department for Environmental Protection
Kentucky Division for Air Quality

Application for Fire Training

Name of Fire Department _____

Location (Address) of Training _____

County _____

Name of official requesting training _____

Telephone Number _____

Training/Burn Date(s) _____

Training/Burn Time(s) _____

Pre-Burn Survey

Structure burn

Identify Composition of:

Siding Material _____

Roofing Material _____

Has roofing and siding been adequately removed? Yes No

Has carpet, furniture been removed from the structure? Yes No

Asbestos

Identify accredited asbestos inspector who completed survey: _____

Date of survey: _____

If analytical results were positive, has material been removed? Yes No

If no, explain why? _____

If yes, identity location of disposal: _____

Property Owner of Burn Site: Submit the following to the Regional Office listed on the back of this form:

1. Completed, signed KY Fire Training Commission: *Application for Live Fire Training*.
2. Copy of an 8 ½ X 11 Topographical Map that shows location of proposed fire training. (*A clearly drawn sketch of the location may be substituted for the map.*)
3. Asbestos survey report
4. Analytical report of samples analyzed for asbestos

Signature of Person Requesting approval of fire training

<http://air.ky.gov/Pages/FireTraining.aspx>

Date

(Revised 09/01/2016)

Please visit the following link for a list of Division of Air Quality Regional Offices:

<https://eec.ky.gov/Environmental-Protection/Pages/regional-offices.aspx>