



**GENESEE COUNTY  
OFFICE OF EMERGENCY MANAGEMENT SERVICES**



*7690 State Street Road \* Batavia, NY 14020*

*Phone: (585)344-0078 \* Emergency 24-hr Pager: (585)343-3311 \* Fax: (585)344-8585 / (585)345-3098  
emsdept@co.genesee.ny.us*

**FIRE DEPARTMENT REQUEST FOR USE OF LIVE BURN TRAINING FACILITY**  
*One Week Advanced Notice*

**Fire Department:** \_\_\_\_\_

**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Use:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the box for a training objective (check as many as you need):**

- |   |  |
|---|--|
| <input type="checkbox"/> SCBA Confidence (Maze)                               | <input type="checkbox"/> Engine Company Operations (Tower) |
| <input type="checkbox"/> Forcible entry (Blue Door)                           | <input type="checkbox"/> On Scene Operations (Tower, Roof) |
| <input type="checkbox"/> Roof Operations/Ladder Training (Roof prop)          | <input type="checkbox"/> Mutual Aid Training (Tower)       |
| <input type="checkbox"/> Survival Type Drills (Wall breach, tunnel, and tube) | <input type="checkbox"/> LIVE FIRE (30 Day Notice Needed)  |

**Please provide a brief overview of your training goals:**

\_\_\_\_\_

**Are you looking for an instructor, or someone to support you in your training?**

- Instructor (Provide instruction on the specific topic)
- Facilitator (support you in your training.) (i.e.: fill cylinders, setup and takedown of props, maintain a safe training facility)

**Safety Officer:** \_\_\_\_\_ **Designated EMS Personnel:** \_\_\_\_\_

**Officer Making Request:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Fire Department Chief:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Signature of Fire Chief:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Office Use Only)**  
Assigned Instructor/Facilitator: \_\_\_\_\_

