



# Shenandoah County

## Department of Fire and Rescue

600 N. Main Street, Suite 109

Woodstock, VA 22664

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(540) 459-6167 voice

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**To: Shenandoah Co. Fire and Rescue Agencies  
and Surrounding Jurisdictions**

**From: Bill Streett – Training Section Chief**

**Date: November 16, 2011**

**Re: Firefighter I & II Training Academy**



## TRAINING ANNOUNCEMENT

Shenandoah County Dept. of Fire and Rescue, in conjunction with the Virginia Department of Fire Programs, will be sponsoring a certification academy course in Firefighter Level I & II. This 180 hour course is designed to teach entry level firefighters various topics to include: safety, ventilation, forcible entry, search and rescue fire streams and suppression, personal protective equipment, fire extinguishment, and hazardous materials mitigation. The content of this program is based on the most current edition of the NFPA 1001 standard. *Student currently certified in Firefighter Level I need only attend the denoted portions of the schedule to be eligible for Firefighter Level II certification.* Departments are encouraged to send participants with breathing apparatus, personal protective equipment, and be willing to support the practical portions of the course with equipment.

**Location:** SCFR Training Grounds  
15 Backdraft Ln.  
Edinburg, Virginia 22824

**Dates:** Begins January 4, 2012 through July 11, 2012  
Meets Mondays, Wednesdays, and some Saturdays- See Attached Course Schedule

**Instructors:** Local DFP Instructor Cadre

**Times:** Class begins promptly at 19:00 hrs on weekdays and 08:00 hrs on weekends.

**Cost:** NONE for students affiliated with an agency in Shenandoah County.

**Prerequisites:** Students must be 16 years of age **before the start of the course**, and must have written parental support as well as departmental endorsement to participate. All students must complete the attached *Medical Statement of Personnel* form **and bring it the first day of class.**

**Registration:** If you are interested, please complete and submit a Training Registration Form. Forms can be accessed online at [www.scfr.net](http://www.scfr.net), or be calling 540-459-6167

**Special Note:** **Students may not miss more than 10% of course material.**

**TRAINING ANNOUNCEMENT: PLEASE POST**

<u>Day</u>	<u>Date</u>	<u>Location</u>	<u>Subject</u>	<u>Lead Instructor</u>	<u>Assistant Instructors</u>
Wednesday	January 4, 2012	SCFR Training grounds	Paper Work Distribution of materials (3 hours) <u>Homework</u> Read Chapter 1 (Pages 1-16)		
Monday **	January 9, 2012	SCFR Training Grounds	History and Orientations of the Fire Service (4 hours) <u>Homework</u> Read Chapter 2 (Pages 20 – 30)		
Wednesday **	January 11, 2012	SCFR Training Grounds	Qualifications and Safety (4 hours) <u>Homework</u> Read Chapter 3 (Pages 70 – 96)		
Saturday	January 14, 2012	SCFR Training Grounds	CPR and First Aid		
Monday **	January 16, 2012	SCFR Training Grounds	Personal Protective Equipment ( 4 hours)		
Wednesday	January 18, 2012	SCFR Training Grounds	Personal Protective Equipment ( 4 hours)		
Monday	January 23, 2012	SCFR Training Grounds	Fire Behavior (4 hours) <u>Homework</u> Read Chapter 2 (Pages 30 – 65) (Personal Protective Equipment)		
<b>Wednesday</b>	<b>January 25, 2012</b>	<b>SCFR Training Grounds</b>	Communications (4 hours) <u>Homework</u> Read Chapter 5 (Pages 122 – 141)		
Saturday **	January 28, 2012	SCFR Training Grounds	Building Construction (4 hours) Quiz Chapters 1,2,3,5 <b>Personal Protective Equipment ( 4 hours)</b> <u>Homework</u> Read Chapter 6 (Pages 146 – 170)		
<b>Monday</b> <b>**</b>	<b>January 30, 2012</b>	<b>SCFR Training Grounds</b>	<b>Communications ( 3 hours)</b> <b>Tour Communications Center and Introduction to CAD</b> <u>Homework</u> Read Chapter 7 ( Pages 174 – 209)		

<b>Wednesday</b>	<b>February 1, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Extinguishers ( 4 hours)</b> <b>Homework</b> <i>Read Chapter 9 ( Pages 240 – 274)</i>		
<b>Monday</b>	<b>February 6, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ropes &amp; Knots ( 3 hours)</b> <b>Homework</b> <i>Read Chapter 13 ( Pages 372 – 404)</i>		
<b>Wednesday</b>	<b>February 8, 2012</b>	<b>SCFR Training Grounds</b>	<b>Make Up Class</b>		
<b>Saturday</b>	<b>February 11, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ropes &amp; Knots (Practical's 4 hours)</b> <b>Search &amp; Rescue ( Classroom 4 hours)</b>		
<b>Monday</b>	<b>February 13, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ladders ( 4 Hours)</b>		
<b>Wednesday</b>	<b>February 15, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ladders Practical's ( 4 Hours)</b> <b>Homework</b> <i>Read Chapter 14 ( Pages 406 – 440)</i> <i>Tools and Equipment</i> <i>Read Chapter 11 ( Pages 296 – 325)</i> <i>Forcible Entry</i>		
<b>Monday</b>	<b>February 20, 2012</b>	<b>SCFR Training Grounds</b>	<b>Forcible Entry ( 4 hours)</b>		
<b>Wednesday</b>	<b>February 22, 2012</b>	<b>SCFR Training Grounds</b>	<b>Forcible Entry (4 hours)</b> <b>Homework</b> <i>Read Chapter 12 ( Pages 328 – 368)</i>		
<b>Saturday</b>	<b>February 25, 2012</b>	<b>SCFR Training Grounds</b>	<b>Search &amp; Rescue &amp; Practical's (8 hours)</b> <b>Homework</b> <i>Read Chapter 8( Pages 214-236)</i>		
<b>Monday</b>	<b>February 27, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ventilation (4 hours)</b> <b>Quiz Chapters 7,8,9,11,13</b>		
<b>Wednesday</b>	<b>February 29, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ventilation (4 hours)</b> <b>Homework</b> <i>Read Chapter 15 ( Pages 444 – 460)</i>		
<b>Monday</b>	<b>March 5, 2012</b>	<b>SCFR Training Grounds</b>	<b>Water Supply (4 hours)</b> <b>Homework</b> <i>Read Chapter 16 ( Pages 462 – 520)</i>		
<b>Wednesday</b> **	<b>March 7, 2012</b>	<b>SCFR Training</b>	<b>Fire Hose (4 hours)</b>		

		<b>Grounds</b>			
<b>Saturday</b> **	<b>March 10, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Hose (8 hours)</b> <b>Homework</b> <i>Read Chapter 16 ( 520 – 531)</i>		
<b>Monday</b> **	<b>March 12, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Streams (2 hours)</b> <b>Foam (2 hours)</b>		
<b>Wednesday</b> **	<b>March 14, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Streams / Foam (4 hours)</b> <b>Homework</b> <i>Read Chapter 21 ( Pages 620 – 644)</i>		
<b>Monday</b> **	<b>March 19, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Control (4 hours)</b> <b>Quiz Chapters 12, 14, 15, 16</b>		
<b>Wednesday</b>	<b>March 21, 2012</b>	<b>SCFR Training Grounds</b>	<b>Make up Class</b>		
<b>Saturday</b> **	<b>March 24, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Control (8 hours) FF I &amp; II</b> <b>Scenario Based Responses</b> <b>Homework</b> <i>Read Chapter 20 (Pages 606 – 616)</i>		
<b>Monday</b>	<b>March 26, 2012</b>	<b>SCFR Training Grounds</b>	<b>Ground Cover Fires</b> <b>Homework</b> <i>Read Chapter 36 ( Pages 920 – 954)</i>		
<b>Wednesday</b> **	<b>March 28, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Detection Systems (4 hours)</b>		
<b>Monday</b> **	<b>April 2, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Detection Systems (3 hours)</b> <b>Tour local businesses to see systems</b> <b>(Quiz 1 hour)</b> <b>Homework</b> <i>Read Chapter 18 ( Pages 552 – 584)</i>		
<b>Wednesday</b> **	<b>April 4, 2012</b>	<b>SCFR Training Grounds</b>	<b>Fire Cause and Determination ( 4hours)</b>		
<b>Monday</b>	<b>April 9, 2012</b>	<b>SCFR Training Grounds</b>	<b>Practical Skills</b>		
<b>Wednesday</b> **	<b>April 11, 2012</b>	<b>SCFR Training Grounds</b>	<b>Salvage and Overhaul (4 hours)</b>		
<b>Saturday</b>	<b>April 14, 2012</b>	<b>SCFR Training Grounds</b>	<b>Salvage and Overhaul (8 hours)</b> <b>Homework</b> <b>Read Chapter 37 (Pages 960-979)</b>		

Monday	April 16, 2012	SCFR Training Grounds	Make up Class		
Wednesday	April 18, 2012	SCFR Training Grounds	Vehicle Fires (4 hours) Quiz Chapters 20, 36, 18,37		
Saturday	April 21, 2012	SCFR Training Grounds	NIMS 100 NIMS 200 <u>Homework</u> <i>Read Chapter 25 ( Pages 732 – 747)</i>		
Monday **	April 23, 2012	SCFR Training Grounds	Vehicle Rescue and Extrication (4 hours)		
Wednesday **	April 25, 2012	SCFR Training Grounds	Vehicle Rescue and Extrication (4 hours) <u>Homework</u> <i>Read Chapter 26 ( Pages 750 – 772)</i>		
Monday **	April 30, 2012	SCFR Training Grounds	Assisting Special Rescue Teams (3 hours) <u>Homework</u> <i>Read Chapter 35 ( Pages 908 – 918)</i>		
Wednesday	May 2, 2012	SCFR Training Grounds	Make Up Class		
Saturday **	May 5, 2012	SCFR Training Grounds	Fire Prevention and Education (6 hours) Quiz Chapters Review of material <u>Homework</u> <i>Read Chapter 4 (Pages 100 – 118)</i>		
Monday **	May 7, 2012	SCFR Training Grounds	Incident Management System (4 hours) Quiz Chapters 25, 26, 35		
Wednesday	May 9, 2012	SCFR Training Grounds	Make Up Class		
Saturday	May 19, 2012	SCFR Training Grounds	Hazardous Materials Awareness and Operations		
Sunday	May 20, 2012	SCFR Training Grounds	Hazardous Materials Awareness and Operations		
Saturday	May 26, 2012	SCFR Training	Hazardous Materials Awareness and Operation		

		<b>Grounds</b>			
<b>Sunday</b>	<b>May 27, 2012</b>	<b>SCFR Training Grounds</b>	<b>Hazardous Materials Awareness and Operations</b>		
<b>Monday</b>	<b>May 28, 2012</b>	<b>SCFR Training Grounds</b>	<b>Mayday Awareness (4 hours)</b>		
<b>Wednesday</b>	<b>May 30, 2012</b>	<b>SCFR Training Grounds</b>	<b>Mayday Awareness (4 hours)</b>		
<b>Wednesday</b>	<b>June 6, 2012</b>	<b>SCFR Training Grounds</b>	<b>Practical Skill Evolutions</b>		
<b>Saturday</b>	<b>June 9, 2012</b>	<b>SCFR Training Grounds</b>	<b>FFI Live Burn Skills</b>		
<b>Monday</b>	<b>June 11, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF I Final Exam &amp; Review</b>		
<b>Wednesday</b>	<b>June 13, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF I Live Burn Night Exercises</b>		
<b>Monday</b>	<b>June 18, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF I State Written &amp; Practical Exam</b>		
<b>Wednesday</b> **	<b>June 20, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF II Live Burn Night Evolutions</b>		
<b>Saturday</b> **	<b>June 23, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF II Live Burn Evolutions</b>		
<b>Wednesday</b>	<b>June 27, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF II Final Exam and Review</b>		
<b>Wednesday</b>	<b>July 11, 2012</b>	<b>SCFR Training Grounds</b>	<b>FF II State Written Exam</b>		

\*\* Denotes FF II Material

Denotes Practical Days

**Student Requirements:**

1. Students are required to complete one hundred percent (100%) of the course! Class sessions that are highlighted in yellow are mandated classes and cannot be missed during the course. Other class sessions listed above that are not highlighted will be allowed to be made up by a Certified Fire Instructor in the event that they are missed by the student. The number of missed class sessions and make-up requirements are outlined in the Student Rules and Regulations.
2. Students are required to bring complete Personal Protective Clothing and Equipment to all class sessions. Personal Protective Clothing and Equipment includes: helmet with appropriate eye protection, hearing protection if applicable, turnout coat, turnout pants, protective hood, gloves, boots, SCBA, and Personal Accountability System tags. All Gear must be brought the first night of class for inspection!



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### Medical Statement of Personnel

**Note:** This form is designed to provide the training course coordinator a complete history of physical status as of the date indicated in lieu of a complete physical examination. The sole purpose of this form is to provide a mechanism for pre-screening candidates of training programs that require physical exertion which may complicate certain medical conditions. This form is to be completed as part of course registration process, and needs to be submitted the first night of class. If any questions are answered "YES", be sure the answer is fully explained.

**THIS FORM SHALL BE UTILIZED AND MAINTAINED IN A CONFIDENTIAL MANNER AT ALL TIMES.**

#### Questions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Time Occupation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Social Security No. \_\_\_\_\_

What is your Valid State Operators Plate No. \_\_\_\_\_

**REMARKS:** If any question is answered, "YES," give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses of doctors, hospitals, etc.

1. Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

2. Eyesight: Yes No

a. Have you lost use of either eye? \_\_\_\_\_ R \_\_\_\_\_ L.....a.

b. Is peripheral (side) vision restricted?.....b.

c. Are you color blind? .....c.

d. Do you have, or have you ever had, cataracts? .....d.

e. Are actual deficiencies corrected by glasses or contact lenses?...e.

f. Date of last eye examination:.....f. \_\_\_\_\_

3. Hearing:

a. Do you have difficulty hearing normal conversation level?.....a.

b. Do you use a hearing aid? .....b.

4. Diabetes:

a. Have you ever been treated for diabetes? .....a.

b. Describe current medication and dosage, if any, and method of administration under "remarks."

c. Date of latest blood sugar test: .....c. \_\_\_\_\_

5. Heart:

a. Have you ever been treated for heart disease? .....a.

b. Describe condition:.....b. \_\_\_\_\_

c. Describe current medication and dosage, if any, under "remarks."

d. Do you have a pacemaker? .....d.

e. Date of last treatment or check-up:.....e. \_\_\_\_\_

6. Epilepsy:

a. Have you ever been treated for epilepsy? .....a.

b. If "Yes," when was your last seizure?.....b. \_\_\_\_\_

c. Describe current medication and dosage, if any, under "remarks."

**Questions:**

**REMARKS:**

**7. Blood Pressure:**

**Yes No**

- a. Have you ever been treated for high blood pressure? .....a.
- b. If "Yes," when were you treated? .....b. \_\_\_\_\_
- c. What was your last reading? .....c. \_\_\_\_\_
- d. Describe current medication and dosage, if any, under "remarks."

**8. Limbs:**

- a. Have you lost an arm or leg? .....a.
- b. Have you lost the use of an arm or leg?.....b.
- c. Does vehicle have special controls? .....c.
- d. If "Yes" to any of the above, describe under "remarks."

**9. Miscellaneous:**

- a. Have you ever had, or been treated for, Convulsions? .....a.
- b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- c. Have you ever had any Fainting Spells? .....c.
- d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- e. Have you ever had, or been treated for, Loss of Equilibrium?.....e.
- f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- g. Have you ever been treated for Alcohol or Drug Abuse? .....g.
- h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- i. Have you ever been treated for Mental Illness? .....i.
- j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."

**10. What is the date of your last physical examination? .....** \_\_\_\_\_

**11. Are there any restrictions posted on your vehicle operator's license? .....**

**12. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle? .....**

**13. When and for what purpose, did you last consult a doctor?**  
\_\_\_\_\_  
\_\_\_\_\_

**14. Full Name, address and telephone number of your personal physician.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City & State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**The answers to the above are complete, accurate, and true to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Person Named Above**

\_\_\_\_\_  
**Date**

**Authorization For Release**

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give \_\_\_\_\_ Department/Company any such information."

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

\_\_\_\_\_  
**Signature of Person Named Above**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent Consenting on Behalf of a Minor**

\_\_\_\_\_  
**Date**

**Shenandoah County Fire and Rescue reserves the right to exclude entrance into or participation with any sponsored training program, when it is determined that a health condition exists that would prohibit the candidate from being physically fit for duty or participation.**