



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement S-131 Firefighter Type 1 S-133 Look Up, Look Down, Look Around

Nominations due March 20, 2009

Minimum number of students: 15

Maximum number of students: 40

COURSE DESCRIPTION: Firefighter Type 1 is a course designed to meet the training needs of the Firefighter Type 1 (FFT1). This course is designed to be interactive in nature. It contains several tactical decision games designed to facilitate learning the objectives and class discussion. Topics include: fireline reference materials, communications and tactical decision making. S-133, this course examines the wildland fire environment and the indicators firefighters should observe on the fireline in order to anticipate fire behavior.

OBJECTIVES: Demonstrate the ability to use fireline reference tools to facilitate the communication and decision making process. Describe how to incorporate and maintain open lines of communications with personnel.

DATES OF CLASSES: April 25 8:00 am-8:00 pm

PREREQUISITES: Currently qualified as a FFT2

LOCATION: Spokane County Fire District #10
929 S. Garfield Road
Airway Heights, WA 99001

LEAD INSTRUCTOR: Debbie Plummer

COURSE COORDINATOR: Debbie Plummer (509) 536-1235

**MAIL, E-MAIL, OR FAX
REGISTRATIONS TO:** Debbie Plummer
Spokane District BLM
1103 N. Fancher
Spokane, WA 99212
Fax: (509) 536-1285
E-mail: dplummer@blm.gov



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Course Number S-131/S-133	Course Name S-131 Firefighter Type 1 S-133 Look Up, Look Down, Look Around	PRIORITY ____ of ____
IQCS Session Number N/A	Course Location SCFD #10-Airway Heights, WA	Course Date(s) April 25
Course Tuition (if required) N/A	Course Coordinator Name (First Last) Debbie Plummer	Course Coordinator Phone Number (509) 536-1235
Course Coordinator E-Mail dplummer@blm.gov	Course Coordinator FAX Number (509) 536-1285	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City State
Zip	Telephone	Zip Telephone
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		