



## **Training Announcement (S-131)-(Firefighter Type 1)**

**Nominations due May 5, 2008**

Minimum number of students: (12)

Maximum number of students (24)

**COURSE DESCRIPTION:** This course meets the training needs of both advanced FFT1 and ITC5. Topics include: fireline reference materials, documenting activities, fireline communications, tactics, and safety.

### **OBJECTIVES:**

- Document appropriate information during fire suppression activities
- Describe how to incorporate and maintain open lines of communication with personnel
- Demonstrate the ability to make informed decisions
- Apply LCES to fireline tactics
- Demonstrate the steps required to properly size up a fire situation and determine appropriate tactics

**DATE(S) OF CLASSES:** Session 1: Saturday May 17, 2008 from 0830-1730  
Session 2: Wednesday May 21, 2008 from 0830-1730

### **PREREQUISITES:**

**LOCATION:** Fire Training Center  
1811 S. Ely  
Kennewick, WA. 99337

### **LEAD INSTRUCTOR:**

**COURSE COORDINATOR:** Jeff Ripley

**FAX or E-mail registrations to:** April Smith  
1811 S. Ely  
Kennewick, WA. 99337  
Fax: (509) 586-8761  
E-mail: [staff@bentonone.org](mailto:staff@bentonone.org)



**EASTERN WASHINGTON INTERAGENCY TRAINING GROUP**

**Part I TRAINING NOMINATION**

|                                                         |                                                                                     |                                                                                  |
|---------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Course Number<br><b>S-131</b>                           | Course Name<br><b>Firefighter Type 1</b>                                            | PRIORITY ____ of ____                                                            |
| IQCS Session Number                                     | Course Location<br><b>Fire Training Center<br/>1811 S. Ely, Kennewick WA. 99337</b> | Course Date(s)<br><b>Session 1: 5/17 0830-1730<br/>Session 2: 5/21 0830-1730</b> |
| Course Tuition (if required)                            | Course Coordinator Name (First Last)<br><b>Jeff Ripley</b>                          | Course Coordinator Phone Number<br><b>(509)585-4378</b>                          |
| Course Coordinator E-Mail<br><b>staff@bentonone.org</b> | Course Coordinator FAX Number<br><b>(509) 586-8761</b>                              | 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      | 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: