



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement **S-211 PORTABLE PUMPS AND WATER USE**

Nominations due May 6, 2011

Minimum number of students: 15

Maximum number of students: 30

This is an instructor-led course intended to be presented at the local level. The course consists of three skill areas: supply, delivery, and application of water. Students will be required to demonstrate their knowledge of correct water use, basic hydraulics, and equipment care. The field exercise requires set up, operation, and maintenance of pump equipment. To receive credit for this course, students must have field work observed and approved, and take a closed book written final examination.

Objectives:

- Select equipment required to maintain a flow of water as required by the incident.
- Install pumps, hose lays, and holding tanks to provide water for use during all phases of the incident.
- Perform required field maintenance on a portable pump.

DATES OF CLASSES: June 15-17, 2010

PREREQUISITES: None

TARGET GROUP: Individuals desiring to gain competency in the use of portable pumps and water.

LOCATION: TBD-Okanogan County

COURSE COORDINATOR: Nicole Bresnahan
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Tonasket, WA 98855
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Mail, e-mail or FAX registrations to: Nicole Bresnahan



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Course Number S-211		Course Name Portable Pumps and Water Use				PRIORITY ____ of ____			
IQCS Session Number		Course Location TBD- Okanogan County				Course Date(s) June 15-17, 2011			
Course Tuition (if required)		Course Coordinator Name (First Last) Nicole Bresnahan				Course Coordinator Phone Number 509-486-5106			
Course Coordinator E-Mail nmbresnahan@fs.fed.us		Course Coordinator FAX Number 509-486-1939				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:									