



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE ZONE

Training Announcement

S-230 Single Resource Boss

S-231 Engine Boss

Nominations due February 18th, 2011

Minimum number of students: 15

Maximum number of students: 30

This is a classroom course designed to produce student proficiency in the performance of duties associated with the single resource boss position from initial dispatch through demobilization to the home unit. Topics include operational leadership, preparation and mobilization, assignment preparation, risk management, entrapment avoidance, safety and tactics, offline duties, demobilization, and post incident responsibilities.

DATES OF CLASSES: February 26-27 & March 5-6

PREREQUISITES: Qualified as FFT1 and must have taken S-290

LOCATION: 929 S Garfield Rd
Airway Heights, WA 99001

COST: None

CANCELLATIONS: Please substitute freely

COURSE COORDINATOR: Lieutenant Jon Hanke (509) 244-2425 or jhanke@scfd10.org

Mail or FAX registrations to: 929 S Garfield Rd Airway Heights, WA 99001
(509) 244-2421

Please print information clearly.

REGISTRATION: S-230 Single Resource Boss & S-231 Engine Boss

Name _____

Agency Telephone _____ Home Telephone _____

Sponsoring Fire Agency _____

Address: _____ City _____ Zip _____

Payment: [] Check or PO with Registration [] Bill Sponsoring Agency

Signature of Fire Chief or Training Officer

Title

Date

NWCG INTERAGENCY TRAINING NOMINATION

Course Number S-230 & S-231	Course Name Single Resource Boss / Engine Boss	PRIORITY ____ of ____
IQCS Session Number	Course Location PO Box 2199 Airway Heights, WA 99001	Course Date(s) Feb 26-27 / March 5-6
Course Tuition (if required) None	Course Coordinator Name (First Last) Jon Hanke	Course Coordinator Phone Number (509) 244-2425
Course Coordinator E-Mail jhanke@scfd10.org	Course Coordinator FAX Number (509) 244-2421	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:		