



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement **S-232, DOZER BOSS (SINGLE RESOURCE)**

Nominations due May 15, 2009

Minimum number of students: 12 Maximum number of students: 24

Tuition: \$40 per student for course materials and instructor costs

This is a skill course is designed to meet the training needs of a Dozer Boss on an incident as outlined the PMS 310-1 and the Position Task Book developed for the position. Primary considerations are tactical use and safety precautions required to establish and maintain an effective dozer operation. A field exercise is required as part of the course.

- Objectives:** Given a dozer, operator, and a tactical assignment, the Dozer Boss will:
- Ensure that that the dozer has been properly inspected and signed up.
 - Ensure that the operator is qualified and properly signed up.
 - Determine the capabilities and limitations of the dozer and operator to perform an assignment.
 - Identify the actions required of the dozer boss to safely and effectively complete an assignment.

DATES OF CLASSES: **May 29, 30, 31, 2009. Starts at 1730 hrs on Friday evening and 0800 to 1730 hrs on Saturday and Sunday.**

PREREQUISITES: **Personnel desiring to become qualified as a single resource boss, dozer.** (Note, S-290, S-230 and appropriated task books need to be completed before becoming a qualified DOZB)

TARGET GROUP: **Qualified as firefighter type 1 (FFT1).**

LOCATION: **Barstow Station Training Room, 25266 Highway 395 N, Kettle Falls, WA**

LEAD INSTRUCTOR: **Don Strand**

COURSE COORDINATOR: **Ken Kerr, Joint Fire Protection District, Ferry 3 Stevens 8**

Mail, e-mail or FAX NWCG nom form to: Make payments to:

JFPD Ferry 3 / Stevens 8
3470 Sand Creek Rd
Kettle Falls, WA 99141
klowdee@gotsky.com

Phone # 509-684-1370, Fax: Call first before faxing, 509-684-1370



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Course Number	Course Name				PRIORITY ____ of ____						
IQCS Session Number	Course Location				Course Date(s)						
Course Tuition (if required)	Course Coordinator Name (First Last)				Course Coordinator Phone Number						
Course Coordinator E-Mail	Course Coordinator FAX Number				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:											