



**EASTERN WASHINGTON INTERAGENCY TRAINING GROUP**

**WILDLAND FIRE TRAINING COURSE ANNOUNCEMENT**

**S-131 Firefighter Type 1**  
**S-133 Look Up, Look Down, Look Around**  
**Nominations due 2-14-08**

Minimum number of students: 10

Maximum number of students: 20

**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. Reference PMS 901-1 for more specifics.

**DATE(S) OF CLASSES:** February 23, 2008 0800-1700 hours  
February 24, 2008 0800-1200 hours

**PREREQUISITES:** **Must be currently qualified as Firefighter Type 2 (FFT2)**

**LOCATION:** **Grant County Fire District No. 5**  
**Training Center**  
12801 Road 2 NE  
Moses Lake, WA 98837

**LEAD INSTRUCTOR:** Nathan Rabe, OSC2

**COST:** **\$10.00 for materials**

**COURSE COORDINATOR:** Leonard Johnson, 509-765-3175

**Mail, E-mail or FAX registrations to:** **Grant County Fire District No. 5**  
**ATTN: Training**  
11058 Nelson Road NE  
Moses Lake, WA 98837



**Part I TRAINING NOMINATION**

Course Number	Course Name	PRIORITY ____ of ____	
<b>IQCS Session Number</b>	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	
<b>Employee's IQCS ID Number:</b>			
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		City	
State		State	
Zip		Zip	
Telephone		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:			