



**GENESEE COUNTY  
OFFICE OF EMERGENCY MANAGEMENT SERVICES**

7690 State Street Road \* Batavia, NY 14020  
Phone: (585)344-0078 \* Emergency 24-hr Pager: (585)343-3311 \* Fax: (585)345-3098  
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**FIRE DEPARTMENT REQUEST FOR USE OF LIVE BURN TRAINING FACILITY**  
*One Week Advanced Notice*

**FIRE DEPARTMENT USE**

Fire Department: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Drill Tower    Burn Building            Maze    Pond    Natural Smoke            Artificial Smoke

Senior Fire Department Line Officer on scene \_\_\_\_\_

Alternate Line Officer \_\_\_\_\_

Senior Fire Department Safety Officer on scene \_\_\_\_\_

Alternate Safety Officer \_\_\_\_\_

Senior Fire Department Training Officer on scene \_\_\_\_\_

Alternate Training Officer \_\_\_\_\_

Approximate number of students \_\_\_\_\_

Are you able to provide your emergency Medical?    Yes

If yes, Senior Fire Department Medic on Scene \_\_\_\_\_

Check one:    CFR    EMT    EMT-I    EMT-CCT    EMT-P    ID Number \_\_\_\_\_

Has the Fire Department Received the *Drill Tower and Live Burn Building SOPs*?            Yes

Has the Fire Department Received the Drill Tower and Live Burn Building Orientation?            Yes

Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTOR USE**

Assigned Instructor \_\_\_\_\_

Assigned Instructor \_\_\_\_\_

Number of students \_\_\_\_\_

Any Injuries? If yes, explain and notify Fire Coordinator \_\_\_\_\_

Any Damage to Facility? If yes, Explain and notify Fire Coordinator \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_