

Fire Training Center Town of Onondaga

Facility Request Form

1. General Information

Organization / Department

Contact Person

Phone Number

Email

Mailing Address

2. Training Session Details

Training Title / Purpose

Requested Date(s)

Start Time

End Time

Number of Participants

Type of Participants

Firefighters

EMS

Law Enforcement

Students

Requested Training Areas

Classroom / Conference Room

Flash Over Simulator

Burn Building

Mask Confidence Building

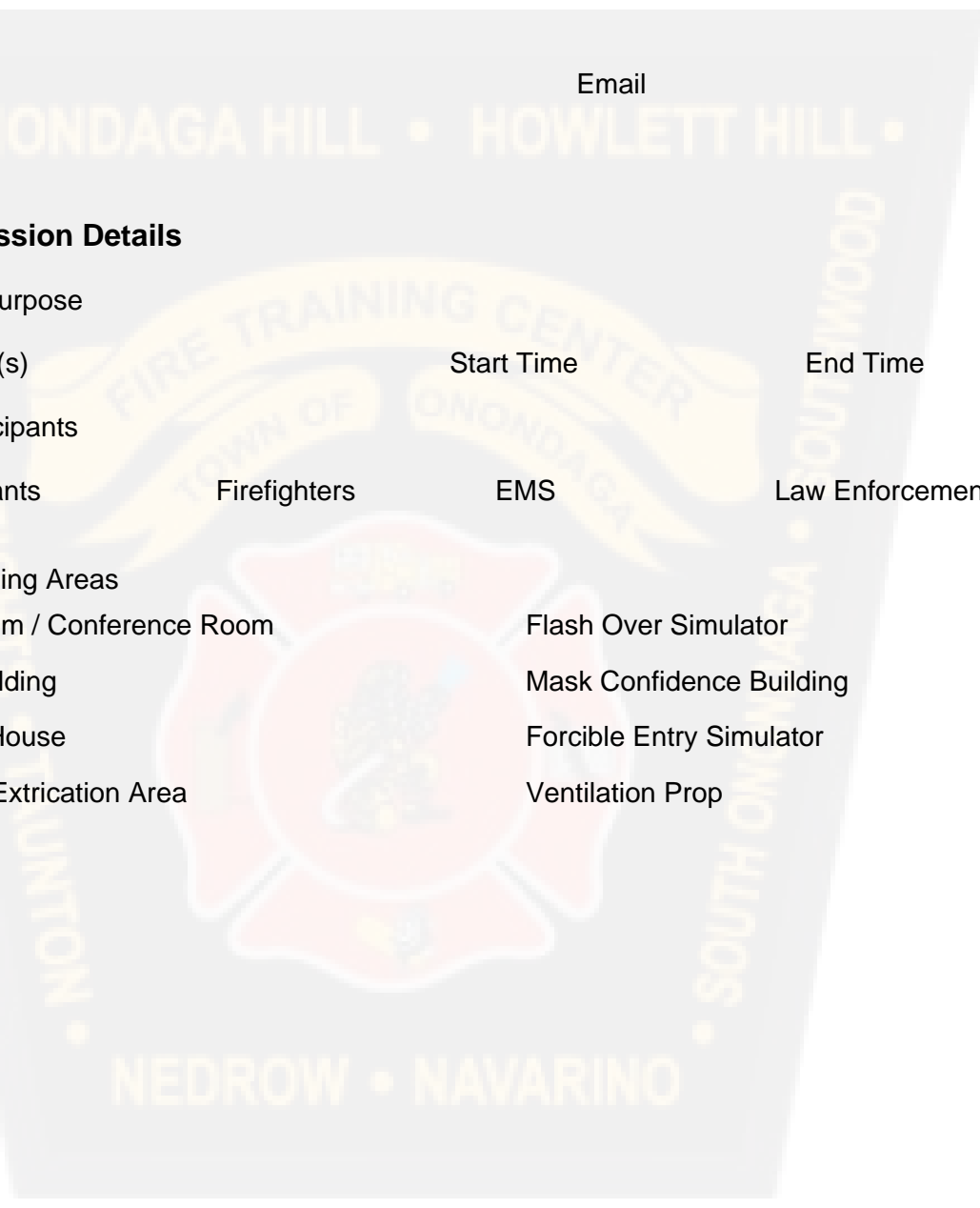
Smoke House

Forcible Entry Simulator

Vehicle Extrication Area

Ventilation Prop

Other (specify)



3. Safety & Compliance

Lead Instructor / Officer in Charge

Instructor Certification Level

Safety Officer Assigned Yes No

Medical / EMS Coverage On-Site Yes No

4. Detailed Training Description / Special Notes

5. Authorization

Instructor Digital Signature

Date

Training Center Representative Signature

Date

