



MORRIS COUNTY PUBLIC SAFETY TRAINING ACADEMY

P.O. Box 900

Morristown, New Jersey 07963-0900

(973) 285-2979 - FAX: (973) 285-2971

APPLICATION FOR USE OF CLASS "A" BURN BUILDING

Applications MUST be received at least 30 days PRIOR to the training date requested.

Requested Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Second Date Choice \_\_\_\_\_ Third Date Choice \_\_\_\_\_

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box City State Zip Code

Number Of Personnel To Attend: \_\_\_\_\_ For safety reasons, the number of personnel participating in any grounds activity has been restricted to a minimum of 10 and maximum of 30. Please adjust your scheduling accordingly.

USAGE FEE:

Table with 3 columns: Description, In-County, Out of County. Rows include Four Instructors, Class A - Three Hour Session, and Class A - Five Hour Session.

CANCELLATION:

Failure to notify the Academy of a cancellation at least 48 hours in advance of intended use will result in your department being billed the FULL amount for instructor time and jeopardize future commitments.

SPECIAL NOTE:

All units will be out of service while attending this training session. If the rules and regulations are not strictly adhered to, the instructor in charge will have the authority to cease all activities, and no refunds will be issued. Upon completion of the training exercise, the buildings and grounds will be cleared of all debris, left clean and ready for the next scheduled unit. ALL AGENCIES MUST CLEAN UP.

Officer In Charge Of Exercise: \_\_\_\_\_

Cell # \_\_\_\_\_ Fire Dept. # \_\_\_\_\_

Email Address: \_\_\_\_\_

Confirmation will be sent directly to the above named individual. All fire ground training operations will conform to the New Jersey and OSHA safety regulations. PLEASE READ THOROUGHLY

Cancellation by the Academy may be necessary due to prevailing weather conditions on the scheduled training date.

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- Activity (Check all that apply):**     Live Fire     Search/Rescue     Safety/Survival     RIC Ops
- Hose Advancement     Engine Co. Ops     Truck Co. Ops     Ropes/Rigging     Smoke
- Other: \_\_\_\_\_

THE SAFETY OFFICER(S) WILL BE: \_\_\_\_\_

DEPARTMENT / COMPANY INSTRUCTOR(S) WILL BE: \_\_\_\_\_  
(Should one be in the organization)

Instructor #	Level
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**Officer in Charge (OIC) Certification:**

I have read all conditions of ground's usage as outlined in the Academy's 2016 Training Manual.

I have specifically read all terms of usage of the Class "A" facility.

I have fully read and will insure that all participants are provided with the availability to review the Academy's Rules and Regulations prior to training and understand that all trainees will be held accountable for their compliance.

Officer's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department Name: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

**MANDATORY EMS UNIT COVERING THIS DRILL WILL BE:**

\_\_\_\_\_

***CERTIFICATIONS:***

**\*I hereby certify that all personnel from this department, requesting the use of the training facilities, are covered by Worker's Compensation and Minimal Liability Insurance of \$500,000.00. Certificates of Insurance requested by the County of Morris must contain the following language: "THE COUNTY OF MORRIS IS AN ADDITIONAL INSURED."**

**\*I further certify that any student participating in live fire or S.C.B.A. training has completed the OSHA Respiratory exam and is certified medically fit to wear S.C.B.A. and are Fire Fighter 1 Certified.**

**\*To the fullest extent permitted by law, the municipality, or agency requesting training for this individual agrees to defend, indemnify and hold harmless the County of Morris, the Morris County Public Safety Training Academy, and all employees, servants and agents ("the County") from any liability, claims, civil actions, and expenses (including reasonable attorneys' fees) arising out of the training or instruction to be provided at the Academy. Said agreement shall apply, regardless of the allegations made against the County by the officer, this organization, or a third party.**

SIGNED: \_\_\_\_\_  
Chief or Authorized Official