



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 TRAINING GROUNDS

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

Requested Date: _____ Time: From _____ To _____

Requested By: _____

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 LSC / Tower, Car Pad, Spill Pad, Class A, and Weekend Rates.

Note that if your department desires the Morris County Fire Academy Staff to develop, implement and instruct a drill scenario there will be an additional fee of \$150.00. All pertinent information supplied 10 days prior to drill.

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 # _____ Department # _____

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.

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

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Facility to be used: Grounds Training Tower LSC Car Pad Spill Pad MV Fires
 Safety/Survival Props Other: _____

Activity: Live Fire Search/Rescue Safety/Survival RIC Ops Extrication CERT
 Hose Advancement Engine Co. Ops Truck Co. Ops Ropes/Rigging Smoke
 Fire Extinguisher RA or Similar Training Program
 Other: _____

EQUIPMENT AND/OR SERVICE REQUESTED: () Smoke Fluid () S.C.B.A. Refills

THE SAFETY OFFICER(S) WILL BE: _____

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

Instructor #	Level

Instructor Involvement (Check all that apply): Monitor Instruct Critique

OBJECTIVES:

- () Expose members to smoke
- () Expose members to fire, heat, and smoke
- () Expose all members to different types of emergency scene scenarios and tasks.

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

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