



Fire Prevention and Control

Special Operations
Branch



23rd Annual Hazardous Materials Seminar April 22-24, 2016

The New York State
Academy of Fire Science
Montour Falls, NY

All Emergency Responders are cordially invited to the 2016 NY State Hazmat Response Seminar which will be held April 22-24, 2016 starting at 1pm at the NY State Fire Academy, Montour Falls, NY.

Pre-Seminar training will be offered April 22nd from 8am-12pm.

2016 Hazardous Materials Seminar

Pre-Seminar Offerings:

Railroad Tank Car Emergencies - Presented by FPS Dan Baker and FPS Ed Fletcher

This workshop will focus on various tank cars that are currently in hazardous materials service across the state. Emphasis will be on transportation of high hazard flammable liquids and liquefied gases. Attendees will spend part of the workshop learning of the various types of tank cars, then follow up with outside activities. Hands on activities will include leak mitigation with various control kits and transfer techniques for liquid and gas products. Attendees will be climbing various railcars and lifting heavy objects and should have no health restriction that can impede those tasks.

Prerequisite: Completion of NYS Advanced HazMat Technician Course, Signed Training Authorization Letter

PPE Required: Helmet, Gloves, Steel toed work boots, Eye protection. Long pants and long sleeve shirts are also required.

Foam Operations — Hands On - Presented by FPS Larry Babcock

This workshop will focus on short classroom orientation followed by hands-on application of foam operations. Participant will have the opportunity and be challenged with determination, application, and maintenance of foam delivery under various scenarios.

Prerequisite: Signed Training Authorization Letter

PPE Required: Turn-out Gear

Hazmat Seminar Topics to include:

- CAMEO
- Industrial Hazmat Considerations
- Hazmat Ops for First Arriving Companies
- In-depth Understanding of Modern Metering
- Propane Responses
- Use of available Free Tools
- Integration of EMS into Hazmat Operations
- Understanding Crude Oil Considerations and Responses
- Hot Wash of Responses
- Chemical Security Program (DHS)

Mail or fax attached registration form(s) to:

NY State Academy of Fire Science
600 College Avenue
Montour Falls, NY 14865
607-535-4841 (fax)



Fire Prevention
and Control



Fire Prevention and Control

Registration Form Fire Academy and Regional Technical Rescue

New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634

(607) 535-7136; Fax: (607) 535-4841

Personal Information

NAME (Last, First, MI) _____

TRAINING IDENTIFICATION NUMBER _____

HOME ADDRESS (Street, PO Box) _____

CITY _____ STATE _____ ZIP _____

CHECK IF NEW ADDRESS MALE FEMALE

DAYTIME PHONE _____ EVENING PHONE _____

FAX # _____ E-MAIL ADDRESS _____

Sponsoring Organization

FIRE DEPARTMENT ID # _____ COUNTY _____

SPONSORING ORGANIZATION _____

STREET ADDRESS, PO BOX _____

CITY _____ STATE _____ ZIP _____

FD PHONE# _____ FD E-MAIL or FAX _____

NAME/TITLE - HEAD OF THE SPONSORING AGENCY _____

SIGNATURE - HEAD OF THE SPONSORING AGENCY _____

_____ Date _____

FIRE ACADEMY COURSE CODE # _____ COURSE TITLE _____ DATES: _____

01-09-0036 Hazardous Materials Seminar April 22 - 24, 2016

Course Registration -

NOTE: Payment MUST accompany Registration
Registration Fee is MANDATORY AND NONREFUNDABLE

- NYS Resident - \$25 Out-of State - \$50
- Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)
- Prerequisite Proof (if applicable)
Must accompany registration

Academy Accommodations - payable upon arrival

- Resident – includes Meals & Lodging - \$84
- Commuter – includes breakfast & lunch - \$20
- Commuter dinner - \$9/day (optional)

Registration, Material and Accommodations Fees:

Registration Fee (include w/registration) \$ _____

Materials Fee (if applicable – payable upon arrival) \$ _____

Accommodations Fee (payable upon arrival) \$ _____

Optional commuter dinner(s) \$ _____

Total enclosed: \$ _____

Balance due upon arrival: \$ _____

Reasonable accommodation request:

Share room with: _____

Payment Method

Make checks, money orders & vouchers payable to:
Academy of Fire Science

- Check Money Order
- Signed Voucher Purchase Order
- Bill Meals & Lodging to Student Bill Meals & Lodging to Sponsoring Organization

VISA MasterCard Discover Total Charge: \$ _____

Card #

Expiration Date / Security Code

Signature _____

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed.
This form is on the web at www.dhSES.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY

NOTE: Due to participant demand, the deadline for all Academy course registrations is 20 days before the course start date. If your registration is not received by this deadline, we cannot guarantee placement in the requested course. Call the Academy for further information.



Fire Prevention and Control

Registration Form Fire Academy and Regional Technical Rescue

New York State Academy of Fire Science
600 College Ave., Montour Falls, NY 14865-9634
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Sponsoring Organization

FIRE DEPARTMENT ID # _____ COUNTY _____

SPONSORING ORGANIZATION _____

STREET ADDRESS, PO BOX _____

CITY _____ STATE _____ ZIP _____

FD PHONE# _____ FD E-MAIL or FAX _____

NAME/TITLE - HEAD OF THE SPONSORING AGENCY _____

SIGNATURE - HEAD OF THE SPONSORING AGENCY _____

_____ Date _____

FIRE ACADEMY COURSE CODE # _____ COURSE TITLE _____ DATES: _____

Hazardous Materials Pre-Seminar

April 22, 2016

Choose Check First Choice:

Railroad Tank Car Emergencies

Foam Operations – Hands On

Course Registration -

NOTE: Payment MUST Accompany Registration

Registration Fee is MANDATORY AND NONREFUNDABLE

- NYS Resident - \$25 Out-of State - \$50
- Materials Fee (if applicable) payable upon arrival
See course description (may not include required text book)
- Prerequisite Proof (if applicable)
Must accompany registration

Academy Accommodations - payable upon arrival

- Resident – includes Meals & Lodging - \$40
- Commuter – includes breakfast & lunch - \$8
- Commuter dinner - \$9/day (optional)

Registration, Material and Accommodations Fees:

| | |
|--|-----------------|
| Registration Fee (include w/registration) | \$ _____ |
| Materials Fee (if applicable – payable upon arrival) | \$ _____ |
| Accommodations Fee (payable upon arrival) | \$ _____ |
| Optional commuter dinner(s) | \$ _____ |
| Total enclosed: | \$ _____ |
| Balance due upon arrival: | \$ _____ |

Reasonable accommodation request:

Share room with: _____

Payment Method

Make checks, money orders & vouchers payable to:

Academy of Fire Science

- Check Money Order
- Signed Voucher Purchase Order
- Bill Meals & Lodging to Student Bill Meals & Lodging to Sponsoring Organization

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Fire Prevention and Control

Training Authorization Letter

1654 (10/07)

To the Office of Fire Prevention and Control:

The firefighter listed below is an active member of _____ Fire Department, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Office of Fire Prevention and Control is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Fire Chief Authorization

| | | | |
|--|-------------------|------------|-----------|
| Fire Department | FDID # | Date | |
| Fill in YES or NO | | YES | NO |
| The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910. 134. | | | |
| The firefighter listed below is authorized to use SCBA and participate in interior /exterior firefighting evolutions. | | | |
| If you cannot answer the questions above because you do not know the requirements of 29 C.F.R. Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact your County Fire Coordinator or OFPC. | | | |
| Print Chief's Name | Chief's Signature | | |

Course Information

| | |
|-----------------|--------------|
| Course Record # | Course Title |
|-----------------|--------------|

Student Information

| | | |
|----------------|----------------|-------|
| Last Name | First | MI |
| Address | City | State |
| Home Phone () | Work Phone () | Zip |

I, _____, PRINT NAME OF FIREFIGHTER have read, fully understand and agree with above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF FIREFIGHTER DATE

And, if firefighter is 16 or 17 years old, the following consent must be provided:

I, _____, PRINT parent or legal guardian of _____, PRINT NAME OF FIREFIGHTER consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the instructor to remove _____, PRINT NAME OF FIREFIGHTER from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

SIGNATURE OF AUTHORIZED LEGAL GUARDIAN DATE

PRINTED NAME RELATIONSHIP TO FIREFIGHTER

Please Note: No persons under the age of 16 may attend or participate in any training course delivered by the Office of Fire Prevention and Control. Additional copies of this form are available at <http://www.dhss.ny.gov/ofpc>