

# Oregon Department of Public Safety Standards & Training

## Live Fire Training Authorization Form

The firefighter listed below is an active member of \_\_\_\_\_ Fire Department/District and is authorized to attend the DPSST Live Fire Training. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Department of Public Safety Standards & Training is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

FIRE CHIEF OR DESIGNEE AUTHORIZATION						
Fire Department				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 Or-OSHA & CFR1910.134.						
The firefighter listed below is authorized to use SCBA and participate in interior /exterior firefighting evolutions						
The firefighter listed below has had fit testing completed in accordance with Or-OSHA Respiratory Protection program						
Chief/ Designee Printed Name			Chief or Designee Signature			Date
Participant Information (Please Print Legibly)						
Last Name			First			MI
DPSST #	Home Address					
City			Zip			
Home Phone			Cell Phone			

**The Participant will be required to bring the following department/agency assigned Personal Protective Equipment for use during training evolutions:**

- Helmet                      Hood
- Turnout coat                Gloves
- Turnout pants              Boots
- **Agency/Department provided** Self Contained Breathing Apparatus & spare air cylinder
- **Agency/Department provided** SCBA Mask
- If you should arrive without any of the items listed above, **you WILL NOT be allowed to participate**
- All participants **MUST** be Clean-Shaven where SCBA Mask Seals rest on face or **you WILL NOT be allowed** to participate in any live fire evolutions.

I, \_\_\_\_\_ (**Participant**), 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.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Participant Printed Name    Participant Signature    Date