



## APPENDIX D

### Ulster County Department of Emergency Services Live Fire Training Waiver

*Complete all information below prior to commencing live fire evolution.*

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

**Chief /Officer in Charge:** \_\_\_\_\_

I hereby attest to the fact that all firefighters from \_\_\_\_\_ Fire  
DEPARTMENT NAME

Department, participating in the live fire training evolution on \_\_\_\_\_ at  
DATE OF TRAINING

the Ulster County Public Safety Training Center have;

1. Successfully completed NYS Office of Fire Prevention and Control Firefighter I course or the equivalent as determined by NYS OFPC.
  - a. Meets all of Section 7.0 in the Ulster County DES Live Fire Policy
2. Medical clearance to use Self Contained Breathing Apparatus (SCBA), in accordance with OSHA 29 C.F.R. part 1910.134.
3. Mask fit tested within a year of the date of this training.
4. Meet all requirements of the UCDES Grooming Policy, Appendix G of the UCDES Live Fire Policy.
5. Firefighters dedicated for FAST are interior firefighters who have successfully completed NYS OFPC Firefighter Survival and NYS OFPC FAST courses.
6. Will follow the agreed upon live fire training lesson plan(s) while operating at UCDES.
7. I have attached a roster of firefighters attending training.

I also attest that all fire department personnel protective clothing including SCBA utilized during this training session meet the latest edition of NFPA 1851 *Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting* and NFPA 1852 *Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus (SCBA)*.

Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY

FD Rank/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_