

Flashover Permission Form

Colchester Fire Department

Please print/type/mail/fax with payment and application to:

Colchester Fire / EMS, 52 Old Hartford Road, Colchester, CT 06415, (860) 537-2512, Fax (860) 537-1881

The following must be completed prior to receiving Flashover Survival training.

Participant's Signature: _____ Date: _____

Participant's Name: _____
(Please Print)

As the Chief of the _____ Fire Department, _____

I hereby authorize the above applicant to participate in the Flashover Simulator, and therefore understand that the above mentioned member(s) will be covered by my department's Worker's Compensation Insurance while participating in such training, and that the Colchester Fire Department, its officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant(s) is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus). I further understand that the Colchester Fire Department, its officers, agents or employees shall not be liable for any damage to the above mentioned members' protective equipment while participating in Flashover Survival training. Firefighting helmets constructed with polycarbonate will be prohibited.

Chief's Signature: _____ Date: _____

Chief's Name: _____
(Please Print)

Flashover Permission Form

Colchester Fire Department

Please print/type/mail/fax with payment and application to:

Colchester Fire / EMS, 52 Old Hartford Road, Colchester, CT 06415, (860) 537-2512, Fax (860) 537-1881

The following must be completed prior to receiving Flashover Survival training.

Participant's Signature: _____ Date: _____

Participant's Name: _____
(Please Print)

As the Chief of the _____ Fire Department, _____

I hereby authorize the above applicant to participate in the Flashover Simulator, and therefore understand that the above mentioned member(s) will be covered by my department's Worker's Compensation Insurance while participating in such training, and that the Colchester Fire Department, its officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant(s) is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus). I further understand that the Colchester Fire Department, its officers, agents or employees shall not be liable for any damage to the above mentioned members' protective equipment while participating in Flashover Survival training. Firefighting helmets constructed with polycarbonate will be prohibited.

Chief's Signature: _____ Date: _____

Chief's Name: _____
(Please Print)