

S-131 Firefighter Type 1

Western Dakota VoTech

800 Mickelson Drive

Rapid City, SD

Dates: February 13, 2010

Times: 0800-1900 (registration begins at 0700)

Course

Coordinator: Tammy Stadel

TStadel7@gmail.com

(605) 484-7279

Course Description

Firefighter Type 1, S-131, is designed to meet the training needs of the Firefighter Type 1 (FFT1). This course is designed to be interactive in nature. It contains several tactical decision games designed to facilitate learning the objectives and class discussion.

Topics include: fireline reference materials, communications, and tactical decision making.

Objectives

- Demonstrate the ability to use fireline reference tools to facilitate the communication and decision making processes.
- Describe how to incorporate and maintain open lines of communication with appropriate personnel.
- Demonstrate the ability to apply the standard operating procedures found in the Incident Response Pocket Guide (PMS 461).
- Demonstrate the ability to apply information found in the Fireline Handbook (PMS 410-1).

Course Prerequisites

Qualified as a firefighter type 2 (FFT2)

NWCG Nomination Form

An NWCG Nom form is required for this course. An electronic NWCG Form can be found at www.nhvfd.org under Upcoming Events. It can either be filled in and emailed to the address above or turned in as a hardcopy.

Nomination Deadline

All nomination forms must be received by ***February 1, 2010***. Please provide an e-mail address for confirmation. If no e-mail address is available, class information will be mailed to the address in the "Nominee's Mailing Address" block in the NWCG form.

**NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS**

INSTRUCTIONS: Complete Part I. Complete Part II only if there are charges for the training.

PART I TRAINING NOMINATION

Course Name: S-131 Firefighter Type I		PRIORITY _____ of _____
Course Date(s)	Course Location	Course Tuition (if required) \$15.00
Course Coordinator: Tammy Stadel	Coordinator Phone: (Voice) (605) 484-7279	Coord. E-Mail: TStadel7@gmail.com
Nominee's Name & IQS or ICQS Number		Date Submitted
Working Job Title	E-mail Address	
	Fax Number:	
Agency (Name, Address)	Nominee's Mailing Address (if different)	
Telephone No.	Telephone No.	
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend).		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		