October 26, 2017

Re: Modular Firefighter Training Pilot Program

Dear Fire Department:

The West Virginia Fire Commission has created a Modular Firefighter Training Pilot Program to assist Volunteer Fire Departments (VFDs) in recruitment and retention efforts by enabling individuals to participate earlier on in their training.

In order for a volunteer fire department to be eligible for participation in the Modular Firefighter Training Pilot Program, they must obtain the required “Module Training Enrollment- Department Form”, complete the form and apply to the WV State Fire Marshal’s Office for approval. This application includes an “Acknowledgement of Risks and Release of Responsibility” and that the department is willing to allow potential firefighter candidates to participate in the pilot program as agreed upon by the Fire Chief’s signature.

In order for an individual to be eligible for participation in the Modular Firefighter Training Pilot Program, they must obtain the required “Module Training Enrollment- Individual Form”, complete the form and apply to the WV State Fire Marshal’s Office for approval. This application includes an “Acknowledgement of Risks and Release of Responsibility” and that they understand the perimeters of the pilot program as agreed upon with the participating volunteer fire department Fire Chief or his/her designee’s signature.

Easily identifiable helmet markers will be worn as established by the WV State Fire Commission during Module participation and until full completion of the Module 4 / Firefighter I Training. Such identifiable markers will be provided by the WV State Fire Marshal Office after completion of Modules 1, 2 and 3.

Attached to this letter is the Modular Firefighter Training Pilot Program Fire Commission Policy, Enrollment Form for Department & Individuals, and Tasks That Can Be Performed After Completion of Each Module document.

Sincerely,

Kenneth E. Tyree Jr.
State Fire Marshal
I. Purpose

This Policy establishes the pilot program for modular fire fighter training in accordance with §29-3-5d of the Code of West Virginia, 1931, as amended, relating to authorizing the State Fire Commission to establish and administrate a pilot project program which implements changes to standards imposed on volunteer firefighting that address problems facing volunteer fire departments in the state, including issues related to training, recruitment and retention.

II. Procedure

1. The State Fire Commission shall set the rules and conditions for participating volunteer fire departments by policies adopted and ratified by the commission and all training shall be based upon professional standards adopted by the State of West Virginia and the West Virginia State Fire Commission.

2. The State Fire Commission may limit the number of participating volunteer fire departments in the pilot program.

3. In order for a volunteer fire department to be eligible for participation in the Modular Firefighter Training Pilot Program, they must obtain the required “Module Training Enrollment- Department Form”, complete the form and apply to the WV State Fire Marshal’s Office for approval. This application includes an “Acknowledgement of Risks and Release of Responsibility” and that the department is willing to allow potential firefighter candidates to participate in the pilot program as agreed upon by the Fire Chief’s signature.

4. In order for an individual to be eligible for participation in the Modular Firefighter Training Pilot Program, they must obtain the required “Module Training Enrollment- Individual Form”, complete the form and apply to the WV State Fire Marshal’s Office for approval. This application includes an “Acknowledgement of Risks and Release of Responsibility” and that they understand the perimeters of the pilot program as agreed upon with the participating volunteer fire department Fire Chief or his/her designee’s signature.
5. Easily identifiable helmet markers will be worn as established by the WV State Fire Commission during Module participation and until full completion of the Module 4 / Firefighter I Training. Such identifiable markers will be provided by the WV State Fire Marshal Office after completion of Modules 1, 2 and 3.

6. Upon completion of each module the firefighter will be able to perform the following activities:

   a. Module 1
      i. Wear structural firefighting gear
      ii. Ride on a fire apparatus
      iii. Answer station phone
      iv. Talk on a two-way radio
      v. Deploy traffic and scene control devices
      vi. Make hydrant and FDC connections
      vii. Stretch hose lines (Exterior fire ground)
      viii. Deploy Master streams
      ix. Assist set up for drafting operations
      x. Clean and inspect hose
      xi. Perform first aid and CPR
      xii. Operate within the parameters of an Incident Command System
      xiii. Operate at the Awareness level at a Haz Mat incident – Identify, Isolate and Notify.

   b. Module 2
      i. Use, inspect and clean SCBA
      ii. Use Fire Extinguishers
      iii. Hoist equipment and hose with rope
      iv. Use hand tools
      v. Inspect, maintain, clean and deploy ladders
      vi. Set up exterior illumination
      vii. Operate exterior fire attack lines
      viii. Operate at Wildland Fire incidents
      ix. Operate Master Streams

   c. Module 3
      i. Operate at the Haz Mat Operations level of a Haz Mat Incident

   d. Module 4
      i. Interior fire attack
      ii. Forcible Entry
      iii. Search and Rescue
      iv. Salvage and Overhaul
      v. Ventilation
      vi. Operate as a member of RIT
vii. Climb and work from ladders
viii. Secure building utilities

7. An individual may only participate and carry out duties that he/she has been fully trained in based on the completion of each Module and understand that if a participant exceeds those duties knowingly, the Volunteer Department may be subject to discharge from the program indefinitely.

8. The WV State Fire Commission nor it’s training providers provide insurance coverage for Volunteer Fire Departments or participants.
Tasks that can be performed at the end of each module:

**Module 1**
- Wear structural firefighting gear
- Ride on a fire apparatus
- Answer station phone
- Talk on a two-way radio
- Deploy traffic and scene control devices
- Make hydrant and FDC connections
- Stretch hose lines (Exterior fire ground)
- Deploy Master streams
- Assist set up for drafting operations
- Clean and inspect hose
- Perform first aid and CPR
- Operate within the parameters of an Incident Command System

Operate at the Awareness level at a Haz Mat incident – Identify, Isolate and Notify.

**Module 2**
- Use, inspect and clean SCBA
- Use Fire Extinguishers
- Hoist equipment and hose with rope
- Use hand tools
- Inspect, maintain, clean and deploy ladders
- Set up exterior illumination
- Operate exterior fire attack lines
- Operate at Wildland Fire incidents
- Operate Master Streams

**Module 3**
- Operate at the Haz Mat Operations level of a Haz Mat Incident
Module 4
Interior fire attack
Forcible Entry
Search and Rescue
Salvage and Overhaul
Ventilation
Operate as a member of RIT
Climb and work from ladders
Secure building utilities
Pursuant to §29-3-5d of the Code of West Virginia, 1931, as amended, relating to the authorizing the State Fire Commission to establish and administrate a pilot project program to address problems facing volunteer fire departments; and requiring annual reports.

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<tbody>
<tr>
<td>Department Complete Name:</td>
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<td>Department Physical Address:</td>
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<td>Department Mailing Address:</td>
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<td>Chief's Telephone Number(s):</td>
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<td>Module Training Agency: □ Public Service Training Region _____ □ WVU Fire Service Extension</td>
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<tr>
<td>Training Physical Location:</td>
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<td>Driving Directions to Training Location:</td>
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<td>Training Start Date:</td>
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<td>Approximate Date of Training Completion:</td>
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<td>Number of Anticipated Participant(s):</td>
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<td>Is This Department in Good Standing with the WV State Fire Marshal’s Office? □ YES □ NO</td>
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**FOR OFFICE USE ONLY**

Date Received: _______________ Date Application Processed: _______________ By: _______________

Department Good Standing Verification: _____ YES _____ NO

Date Forwarded to Training Provider: ____________________
Acknowledgement of Risks and Release of Responsibility

I acknowledge:

1. Practical skills training of all disciplines can be a physically and mentally stressful activity, requiring physical exertion; exposure to high temperature and humidity levels; toxic atmospheres; working at heights and in confined spaces. Elevated body temperatures, increased pulse, respiration, and blood pressure are also possible.

2. Persons with known heart or lung disease, hypertension, who are pregnant (Note: spontaneous abortion will occur with pregnant females when core temperature elevates), or have other medical or mental conditions which may affect their health and safety under these conditions, are advised to check with their personal, or fire department, physician before participating in the activity. The ability to meet the West Virginia Department of Labor Respirator Wearers physical evaluation is the responsibility of the sponsoring department/agency and is a requirement for any course requiring the use of a self-contained breathing apparatus.

3. Protective clothing and self-contained breathing apparatus meeting the appropriate NFPA standards, at the time of manufacture, must be worn during most practical exercises and live fire training as directed by the instructor in charge. Protective equipment must be in serviceable condition.

4. Easily identifiable markers will be worn as established by the WV State Fire Commission during Module participation and until full completion of the Module / Firefighter I Training. Such identifiable markers are provided by the WV State Fire Marshal Office.

5. Individuals with facial hair, jewelry, or other impediment to the proper seal of the face-piece on self-contained breathing apparatus will not be allowed to participate in evolutions where the atmosphere is toxic or may become so.

6. The use of alcohol, and drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.

7. WV State Fire Commission or training coordinators, will not sell nor distribute your email to any outside agency. WV State Fire Commission, Office of the State Fire Marshal’s Office will, from time to time, provide you with organization updates, newsletters, surveys and the like. Providing your email address will serve as your approval for these periodic distributions.

8. By my signature below, I certify that I have been duly appointed or elected as the Chief of this Department and that this Fire Department or Fire Company complies with all Federal and State laws to the best of my knowledge.

I fully understand that the WV State Fire Commission nor it’s training providers provide insurance coverage for Departments or participants.

I further understand, that a participant may only participate and carry out duties that he/she has been fully trained in based on the completion of each Module and understand that if a participant exceeds those duties knowingly, the Department may be subject to discharge from the program indefinitely.

Signature: ___________________________  Title: ___________________________  Printed Name / Date: ___________________________

Department: ___________________________

Printed Department Name
Pursuant to §29-3-5d of the Code of West Virginia, 1931, as amended, relating to the authorizing the State Fire Commission to establish and administrate a pilot project program to address problems facing volunteer fire departments; and requiring annual reports.

ENROLLMENT INFORMATION (Please print clearly or type)

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<td>Department Telephone #:</td>
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<td>Department Email Address</td>
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Instructions involving Modular Training enrollment are listed on the website of the WV State Fire Marshal (www.FireMarshal.WV.gov). Read all information carefully. Complete all information and return to:

WV State Fire Marshal
Modular Training
1207 Quarrier Street, Suite 200
Charleston, WV 25301
Fax (304) 558-2537

NOTE: Important information on page 2. Department Chief and Student, please read and sign acknowledgement form on reverse.

Do you require any special accommodations during your attendance in this training course:  YES  NO

If yes, please specify: ________________________________________________

______________________________________________

______________________________________________

In case of emergency, notify: ________________________________
Telephone #: ________________________________
FOR OFFICE USE ONLY

Date Received: ________________  Date Application Processed: ________________  By: ________________

Department Good Standing Verification: _____ YES _____ NO

Date Forwarded to Training Provider: ________________
Acknowledgement of Risks and Release of Responsibility

The WV State Fire Commission, through its training coordinators, attempts to conduct its training programs in a safe and efficient manner. However, it is not possible to eliminate all of the potential hazards to a student's safety. Before any student participates in a Module Training Program involving the teaching of emergency response skills, he/she should be familiar with the level of physical stress and other hazards involved. Please read the following explanations of the physical and mental requirements of this course and sign the form to acknowledge that you have read and understand the information. Students who cannot comply with these requirements will not be allowed to participate in the training involving physical exertion, or the use of protective equipment. They may attend lectures and observe evolutions from a safe distance.

I acknowledge:

1. Practical skills training of all disciplines can be a physically and mentally stressful activity, requiring physical exertion; exposure to high temperature and humidity levels; toxic atmospheres; working at heights and in confined spaces. Elevated body temperatures, increased pulse, respiration, and blood pressure are also possible.

2. Persons with known heart or lung disease, hypertension, who are pregnant (Note: spontaneous abortion will occur with pregnant females when core temperature elevates), or have other medical or mental conditions which may affect their health and safety under these conditions, are advised to check with their personal, or fire department, physician before participating in the activity. The ability to meet the West Virginia Department of Labor Respirator Wearers physical evaluation is the responsibility of the sponsoring department/agency and is a requirement for any course requiring the use of a self-contained breathing apparatus.

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4. Easily identifiable markers will be worn as established by the WV State Fire Commission during my Module participation and until full completion of the Module / Firefighter I Training. Such identifiable markers are provided by the WV State Fire Marshal Office.

5. Individuals with facial hair, jewelry, or other impediment to the proper seal of the face-piece on self-contained breathing apparatus will not be allowed to participate in evolutions where the atmosphere is toxic or may become so.

6. The use of alcohol, and drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.

7. I am 16 years of age, or older, and an active member of a public or private fire department pre-approved by the WV State Fire Commission.

8. WV State Fire Commission or training coordinators, will not sell nor distribute your email to any outside agency. WV State Fire Commission, Office of the State Fire Marshal’s Office will, from time to time, provide you with organization updates, newsletters, surveys and the like. Providing your email address will serve as your approval for these periodic distributions.

9. No unauthorized cameras are allowed at training events. The unauthorized use of cameras may lead to confiscation of the camera.

10. For purposes of promoting the Module Training, I agree to allow unlimited use of any images containing me, with no compensation.

12a. By my signature below, I acknowledge that if I do not have a department signature in #12 b. below, I will not be allowed to participate. By my signature below I also attest that I am on the department indicated and that I am authorized by an officer of said department to attend this class and that I am covered by my department's Worker's Compensation coverage for this class. I further understand, that I may only participate and carry out duties that I have been fully trained in based on the completion of each Module and understand that if I exceed those duties knowingly, I may be subject to discharge from the program indefinitely as well as the department I represent.

Participant’s Signature: ___________________________ Printed Name / Date

12b. By my signature below, I certify that the individual participating (see student signature/name above) is an active member of a fire department and is in good standing with that department. And as such, is covered by that department's Worker's Compensation coverage for this training. In the event of injury during training, the student is responsible for notifying his or her department to initiate the process. The WV State Fire Commission nor it's training providers provide insurance coverage for students. Any and all injuries, no matter how minor, will be reported to the staff. Staff will have the final say in selecting the treatment disposition for the student. This may range from on-site treatment to ambulance transportation to a local emergency department or occupational medicine agency. If a student or department does not accept these terms, or refuses to comply with treatment decision and disposition, the student will be dropped from the remainder of the class (or program) and will not be eligible for any refund. I further understand, that the participant may only participate and carry out duties that he/she has been fully trained in based on the completion of each Module and understand that if a participant exceeds those duties knowingly, the department may be subject to discharge from the program indefinitely.

Signature: ___________________________ Department Title ___________________________ Printed Name / Date

Department: ___________________________ Printed Department Name
Easily identifiable helmet markers will be worn as established by the WV State Fire Commission during Module participation and until full completion of the Module 4 / Firefighter I Training. Such identifiable markers will be provided by the WV State Fire Marshal Office after completion of Modules 1, 2 and 3.