Live Burn Plan
(Sample)

Fire Department: ____________________________________________

Address: __________________________________________________

City: ________________________________________________________, MN, Zip __________

Training Date: _____________________________________________

AHJ: ______________________________________________________

Instructor-in-charge: __________________________________________
Live Burn Document Checklist

- Proof of Clear Title
- Owners Release to Damage or Burn Structure
- Building Use Agreement
- Site Map & Floor Plans (201)
- Goals & Objectives (202)
- Organizational Chart (203)
- Personnel Assignments & Instructions (204)
- Communication Plan (205)
- Medical Plan (206)
- Safety Analysis & Plan (215)
- Site Inspection Planning & Equipment Checklist
- Quick Access Pre-Fire Plan
- Assignment Form
- Summary of Activities Conducted at Drill
- First Report of Injury
- First Report of Un-Safe Act
- Notice to Adjacent Property Owners
- Gas Utility Department Notice
- Electric Utility Department Notice
- Water Department Notice
- Local/Regional Law Enforcement Notice
- Fire Department Liability Insurance Coverage
- Fire Department Participant Training Verification Form
- Completion of Live Burn Training -Transfer of Property to AHJ/Fire Chief or Designee
- Transfer of Authority of Property Back to Owner
- DNR Permit
- PCA Notification of Intent to Perform a Demolition
PROOF OF CLEAR TITLE

REMEMBER TO GET PROOF OF CLEAR TITLE AND INSURANCE CANCELLATION DOCUMENTS FROM OWNER OR AGENT

THIS MAY BE DOCUMENTATION FROM COUNTY RECORDER OR TAX OFFICE
Owners Release to Damage or Burn Structure

Having agreed with the building official, __________________________ City
or County of __________________________, that a structure owned by
_________________________________________ and located at the following:
Owner

County: ____________________________
Township: ____________________________
Fire Number: ____________________________
Nearest Cross Road: ____________________________

is under condemnation or unfit for human habitation and is beyond rehabilitation. I
further agree that the structure should be used by the fire service for training as they
see fit. In order that demolition may be accomplished, I give my consent to the
City/Township of ____________________________ to use or demolish the said
structure by burning or other means.

__________________________________________  ____________________________
Owner  Date

__________________________________________  ____________________________
Owner  Date

__________________________________________  ____________________________
Agent/Instructors Representative  Date
ACKNOWLEDGMENT OF BUILDING USE AGREEMENT & POST-BURN/USE PROPERTY CONDITION

AGREEMENT:

On this ______ day of______________, 20__ , an agreement is made between;

___________________________________________ (Insert name of your Fire Department), hereinafter called "City/Township"; and

_____________________________________________ (Insert the name of the entity/organization supervising the activity if other than the local fire department), hereinafter called "Entity";

_____________________________________________ (Insert the name(s) or owner(s) of the building/property to be damaged or destroyed) hereinafter called "Owner".

WITNESS:

_____________________________________________

WHEREAS, the City/Township desires to further the training of its firefighters by conducting fire training exercises involving the controlled burning within a structure or other fire training activities.

WHEREAS, the Owner acknowledges benefits received in the possible donation of the structure and further, the enhancement of fire protection services.

WHEREAS, the Owner has requested the use/destruction of the structure located at

________________________________________________________________________

(Include street address, municipality, county and state; or legal description of the property obtained from county clerk or assessor).

A visual description of the structure(s) to be use/destruction is as follows:

________________________________________________________________________

________________________________________________________________________

WHEREAS, the building to be used/destroyed as identified in the above paragraph will be referred to herein as "the structure"; now therefore:
IT IS MUTUALLY AGREED BY THE PARTIES AS FOLLOWS:

1. The City/Township and the Entity propose to damage or destroy the structure during the week of _____________ to ___________. The actual date of the training will depend upon factors such as availability of personnel, equipment and weather conditions.

2. The Owner agrees to indemnify the City/Township and the ____________________________ (agents/instructors), and Entity from any liability arising out of the lack of the Owner's authority to have the structure destroyed and/or the Owner's lack of clear title to the building/property.

3. The Owner agrees to indemnify the City/Township from any liability arising out of any claim of injury from a person who is not an employee of a municipal fire department or of the City/Township in connection with the destruction of the structure.

4. The Owner agrees to indemnify the ____________________________ (agents/instructors), or entity from any liability arising out of any claim of injury from any person in connection with the destruction of the structure.

5. The Owner assumes all liability for securing the structure during the term of this agreement, and further, the Owner agrees to comply with all applicable ordinances and regulations of the City/Township, county and state with respect to removal of debris and the making safe of the site at the conclusion of the City/Township’s and the ____________________________ (agents/instructors) destruction activities.

6. The Owner assumes all responsibility for the cancellation of insurance and the for the disconnection of all utility services, including but not limited to gas, electric, water, telephone, television cables and antennas, for removal of fuel oil, other hazardous substance and conditions, removal of any fixtures, items or equipment the Owner wishes to preserve prior to any destruction activities pursuant to this agreement. If the Owner has not completed these tasks at least twenty-four (24) hours before the first possible training date, the Owner shall immediately notify the following persons of this fact.

7. The post-training condition of the structure will be the responsibility of the Owner. The intent is to use the structure and/or demolish sections or all of the structure in training sessions. In most cases the ash, basement walls, foundation, metal debris and any other items will remain in the basement area or close proximity. These materials shall be disposed of by state and county rules at the Owners expense. All cost of permits and sampling will be at Owners expense. If at any time during the training session the Instructor-In-Charge deems it necessary to extinguish the fire, the remains will be the responsibility of the Owner.

Chief: ________________________________________________________________
Name __________________________________________________________________
Address __________________________________________________________________
Phone __________________________________________________________________

Training Officer: __________________________________________________________

Signed this ___________ day of ____________________ 20___
__________________________________________________________________________, Agent/Instructors Representative
__________________________________________________________________________ Owner(s)
Date: _______________ Address: ______________________________________

Site Map:
- Building Outline
- Property Lines
- Roads/Accesses
- Exposures, Utilities
- Septic Tanks
- Operational Control Areas
- Water Sources
- Site Hazards
- Support Locations
- Parking Areas

Structure Drawing:
- Building Size
- Construction Type
- Floor Plan
- Exits
- Windows
- Ventilation Points
- Fire Set Locations

Prepared by: _____________________________________________
Goals & Objectives / General Operational Orders (checklist) (202)

Date: ________________  Address:  

Goals & Objectives:
Types of fires:
- □ Fire Behavior
- □ Basic Fire Attack
- □ Advanced Engine Company Operations
- □ Victims
- □ Burn to ground

Number of students and evolutions: ________________

General Operational Orders:
Fires:
- □ Set location and burn order
- □ Set size and combustible materials
- □ Ignition process / procedure

Accountability Plan:
- □ Riding List
- □ PASSPORT
- □ When are PARS done
- □ Instructor and student rotation plan
- □ Water supply/pumper information
- □ Rehab and evolution debrief procedure
- □ Review of site map with staff including support area locations

Prepared by: ________________________________
Date: ________________________________
Organizational Chart
(203)

Date: _______________ Address: __________________________________

Operations Staff:
- Instructor-In-Charge
  - Deputy
- Safety Officer
  - Assistants
  - Ignition Personnel
- Functional Instructors
  - Attack Line
  - Backup Line
  - RIT
  - Outside Vent Team
  - Other
- Engine/Pumper Operators

Support Personnel:
- EMS
- Rehab
- SCBA Service
- Staging
- On-Deck
- Other

Prepared by: ______________________________________________
Personnel Assignments /Instructions (204)

Date: ______________  Address: ____________________________________________

Instructor-in-Charge: _________________________________
- Overall site and operational controls and management
- Assure adherence to burn plan and/or modify as conditions require
- Provide for safety of all participants

Safety Officer: ______________________________________
- Provide for and assure overall site safety
- Enforce all safety rules and processes
- Directly supervise and monitor fire sets and the ignition personnel
- Monitor conditions continuously and make changes or stop operations if needed
- Conduct building walk-through for staff and students

Ignition Personnel: _________________________________
- Assist building fire sets
- Under supervision of Safety Officer, light fire sets
- When lighting, work in pairs with hose line in place
- Use only fuels and ignition devices provided
- Monitor conditions and participants at all times and report discrepancies to Safety Officer
- Assist as directed by Instructor-In-Charge or Safety Officer

Control Team: __________________; __________________; __________________
- Monitor assigned students at all times
- Assure accountability
- Provide student instruction in accordance with goals and objectives
- Assure students are wearing PPE correctly
- Have no more than 5 students assigned
- Understand the burn plan, including ignition procedures
- Assure students are in proper position and ready for each evolution
- May rotate from backup line to attack line, etc. and understand particular expectations of all
- Understand RIT procedures and staffing
- Provide student debriefing
- Monitor conditions at all times and report discrepancies to Instructor-In-Charge, Safety Officer, and/or take immediate actions as necessary
- Control all fires so flashover/backdraft conditions do not occur
Water Supply /Engine Operators: __________________________
• Understand burn plan and order of operations - especially ignition procedures
• Assure water supply is maintained
• Always have booster tank full in case of emergency
• Report any water supply problems immediately via radio to the Instructor-In-Charge

Support Personnel: __________________________
• EMS
• Rehab
• SCBA service
• Staging on-deck
• Others as needed

Prepared by: __________________________
## Communication Plan
(205)

Date: _________________ Address: ______________________________________

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Radio Channel Assigned</th>
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<tbody>
<tr>
<td>Instructor-in-Charge to IC/Safety</td>
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<tr>
<td>Fire Control Team to Instructor-in-Charge</td>
<td></td>
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<tr>
<td>Burn Instructors to Instructor-in-Charge</td>
<td></td>
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<tr>
<td>Fire Department</td>
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<tr>
<td>EMS (BLS Transport Capable)</td>
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<tr>
<td>Local PSAP for additional resources</td>
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<tr>
<td>- Radio Channel ___________________________</td>
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<tr>
<td>- Phone Number _____________________________</td>
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<tr>
<td>Law Enforcement</td>
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<tr>
<td>Public Works</td>
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<tr>
<td>Other agencies as required</td>
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</tbody>
</table>

Prepared by: ______________________________________
Medical Plan (206)

Date: _________________ Address: ________________________________

On Scene EMS: ________________________________

- Level of Service (Minimum BLS) __________________
- Transport capabilities: Yes _____ No _______
- Location: ________________________________
- How to contact: ________________________________

Nearest Hospital: ________________________________

- Location: ________________________________
- Phone Number: ________________________________
- Travel time to: ________________________________

Helicopter Service: ________________________________

- Travel time to site: ________________________________
- Contact information: ________________________________
- Landing Zone location: ________________________________
- Site GPS coordinates: ________________________________

Special Instructions:

Prepared by: ________________________________
Safety Analysis and Plan (Checklist)
(215)

Date: ___________________________ Address: ____________________________

General Safety Message

- Hazard zones and required PPE use
- Accountability Procedures
- Fuel loads/types/locations
- Keep fires at controllable size
- One fire at a time-no fires in exit ways
- Instructor line in place during ignition and for instructor interior use
- Ignition procedure
- Monitor all conditions and personnel for heat and other fire-related emergencies
- Stay hydrated

Specific Safety procedures

- Building evacuation signal (demonstrated to all participants)
- Evacuation Rally Point
- Severe weather plan / shelter
- Specific site hazards

Building Walk Through

- With Instructor staff
- With students and instructors
- Point out exits and ventilation points
- Final check of fuel loads and structural conditions

Prepared by: ______________________________________________
### SITE INSPECTION PLANNING & EQUIPMENT CHECK LIST

Inspected on ____________ 20 ___ by: _________________________________

The location of this training is: _________________________________________

City: ______________ County: _______________ Township: ______________

Fire Number: ________________ Nearest Cross Rd: _______________________

<table>
<thead>
<tr>
<th>Completed</th>
<th>Item/ Activity Description</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1. All permits, forms and notifications distributed</td>
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<tr>
<td></td>
<td>2. Site plan drawing, including all exposures</td>
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<tr>
<td></td>
<td>3. Building plan, including overall dimensions</td>
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<td></td>
<td>4. Floor plan detailing rooms, hallways and exterior openings</td>
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<tr>
<td></td>
<td>5. Proposed location of command post</td>
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<td></td>
<td>6. Proposed location of all apparatus</td>
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<td></td>
<td>7. Proposed position of all hose lines, including backup lines</td>
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<td></td>
<td>8. Proposed location of emergency escape routes</td>
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<td></td>
<td>9. Proposed location of emergency evacuation assembly area</td>
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<tr>
<td></td>
<td>10. Proposed location of entrance and exit routes for emergency vehicles</td>
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<tr>
<td></td>
<td>11. Inspect available water supply determined as per NFPA 1403 4.12 and 5.6</td>
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<tr>
<td></td>
<td>12. Required fire flow determined as per NFPA 1403 4.12 and 5.6</td>
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<tr>
<td></td>
<td>13. Required reserve flow determined (50% of required flow) NFPA 1403 4.12 and 5.6</td>
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<td>14. Apparatus pumping ability that exceeds the required fire flow</td>
</tr>
<tr>
<td></td>
<td>15. Separate water supply established for attack and back-up lines</td>
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<td></td>
<td>16. Obtain projected and periodic weather reports</td>
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<td></td>
<td>17. Proposed parking areas designated and marked for all vehicles</td>
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<td></td>
<td>18. Operations area established and perimeter marked</td>
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<td></td>
<td>19. Communications frequencies established, equipment obtained</td>
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<tr>
<td></td>
<td>20. Building inspected for structural integrity</td>
</tr>
<tr>
<td></td>
<td>21. All utilities located and identified</td>
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<tr>
<td></td>
<td>22. Identify highly combustible interior wall and ceiling materials removed</td>
</tr>
<tr>
<td></td>
<td>23. Identify all holes and walls patched or covered in rooms to be used</td>
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<tr>
<td></td>
<td>24. Identify materials of exceptional weight, remove or seal off the area</td>
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<tr>
<td></td>
<td>25. Windows checked and opened or closed as needed</td>
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<tr>
<td></td>
<td>26. Doors checked and opened or closed as needed</td>
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<tr>
<td></td>
<td>27. Building components checked; roof scuttles, sprinkler system, stand pipes, etc.</td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>-----</td>
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<tr>
<td>28.</td>
<td>Identify chimneys and adequate ventilation holes for each separate enclosed roof area to be removed and pre-cut the day/night of the drill</td>
</tr>
<tr>
<td>29.</td>
<td>Identify stairways that need to be made safe with railings</td>
</tr>
<tr>
<td>30.</td>
<td>Identify fuel tanks and water heaters to be removed or adequately ventilated</td>
</tr>
<tr>
<td>31.</td>
<td>Identify all containers of unknown or hazardous contents must be removed</td>
</tr>
<tr>
<td>32.</td>
<td>Identify unnecessary inside and outside debris removed, extraordinary exterior and interior hazards remedied</td>
</tr>
<tr>
<td>33.</td>
<td>Porches and outside steps made safe</td>
</tr>
<tr>
<td>34.</td>
<td>Identify cisterns, wells, cesspools and other ground openings fenced, marked or filled</td>
</tr>
<tr>
<td>35.</td>
<td>Identify toxic weeds, hives, vermin, brush, surrounding vegetation to be removed</td>
</tr>
<tr>
<td>36.</td>
<td>Identify exposures-propane tanks, trees, buildings, utilities to be removed, protected</td>
</tr>
<tr>
<td>37.</td>
<td>Adequate roof ventilation holes cut for each roof section or area</td>
</tr>
</tbody>
</table>

**APPARATUS NEEDED FOR TYPICAL RESIDENTIAL HOUSE**

| 38. | (2) Class A (750 gpm) or larger capable of meeting the required fire flow with 4.5" or larger hard suction tube. One engine for attack lines and one for backup lines |
| 39. | Water tenders capable of meeting the supply needs if hydrants are not used |
| 40. | (2) 2000 gallon portable drop tanks if water tenders are used |
| 41. | (1) water source capable of supplying the required fire flow if not using hydrants |
| 42. | (2) hydrants capable of supplying the required fire flow if tenders are not used |
| 43. | (1) EMS unit for possible firefighter emergencies |
| 44. | (1) SCBA air supply unit to refill SCBA |
| 45. | (4) 1.5" or 1.75" nozzles |
| 46. | (2) gated wyes - 1.5 x 1.5 x 2.5 |
| 47. | 600 feet of 1.5" hose; attack, exposure, instructor and backup lines |
| 48. | 400 feet of 2.5" hose |

**BURNABLE CLASS A FUELS & BUILDING SUPPLIES FOR 30 STUDENTS**

<p>| 49. | (30) Bales of <strong>DRY</strong> oats, straw or hay or 12 bales (4 ft sq.) of <strong>DRY</strong> cardboard (the straw or cardboard MUST BE KEPT DRY!) |
| 50. | (20) dry wood pallets |
| 51. | (2) pitchforks |
| 52. | (1) hammer and supply of 16 penny nails and spikes |
| 53. | (10) extra glass storm windows, not necessary to fit tight on windows |
| 54. | (8) 4 x 8 sheets of press board 3/4&quot; thick |</p>
<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tr>
<td>55. (1) propane torch for igniting fuels</td>
<td></td>
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**PERSONNEL & REHAB SUPPLIES**

| 56. (1) source of fresh drinking water and cups |
| 57. (1) waste container for cups |
| 58. (1) meal for each person at the drill (no cheese sandwiches) |
| 59. (1) flashlight for each student as they enter the structure |
| 60. (4) qualified interior structural or prop burn instructors |
**QUICK ACCESS PRE-FIRE PLAN**

| Building Address: | Evaluator: 
| Date: |

| Building Description: |
| Roof Construction: |

| Floor Construction: |

| Occupancy Type: |
| CCN = Type I, II, III, IV, V |
| OHCN = 3, 4, 5, 6, 7 |

| Initial Response Required: |

| Hazards to personnel: |

| Location of water supply: | Available Flow |

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<tr>
<th>Estimated Fire Flow</th>
<th>Length x Width</th>
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<tbody>
<tr>
<td>Exposures = 25% ___ x (floors) = GPM per floor</td>
<td></td>
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<tr>
<td>Of Total Flow per Exposure 3</td>
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<tr>
<th>Level of Involvement</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
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| Estimated Fire Flow (1) |

| Attached Bldg. Fire Flow(2) |

| Fire Behavior Prediction: | Total |

| Predicted Strategies: |

| Problems Anticipated: |

| Standpipe: Y or N |
| Control Location: |

| Sprinklers: Y or N |
| Control Location: |

| Fire Detection: Y or N |
| Control Location: |

| Length X Width |

1. ----- X ----- = _______ GPM/Floor X ___(# floors) _________=GPM 
   \[
   \frac{3}{3}
   \]

2. ----- X ----- = _______ GPM/Floor X ___(# floors) _________=GPM 
   \[
   \frac{3}{3}
   \]

3. Exposure Side “A” (25% of total base 100% flow) = _________GPM
4. Exposure Side “B” (25% of total base 100% flow) = _______ GPM
5. Exposure Side “C” (25% of total base 100% flow) = _________GPM
6. Exposure Side “D” (25% of total base 100% flow) = _________GPM
7. 100% involvement plus exposures potential = _________GPM

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| Length X Width |

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7. 100% involvement plus exposures potential = _________GPM
ASSIGNMENT FORM

Date: _________ Location: _______________________________________________

Wind Direction: _________ Wind Speed: _______ Weather: _________ Temp: ________

Safety Officer: __________________________________________________________

Instructor-In-Charge: ____________________________________________________

<table>
<thead>
<tr>
<th>Team:_______</th>
<th>Time In/Out <em><strong><strong>/</strong></strong></em>__</th>
<th>Team:_______</th>
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<td>Air Pressure</td>
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SUMMARY OF ACTIVITIES CONDUCTED AT DRILL - KEEP ON FILE

Accounting of activities conducted: ________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Unusual conditions encountered: _________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Changes or deterioration in the structure: _________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Any injuries or treatment rendered: _____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Completed by: ____________________________________ Date: _____________________
FIRST REPORT OF INJURY

Class: ________________________________________________

Instructor: ________________________________________________

Name of Injured: ________________________________________________

Department: ________________________________________________

Injured parties age: _______ Date of Injury ___________________ Time:____________

Lost time from class? Yes No

DETAILS OF ACCIDENT
(This information is for use in preventing similar accidents. Please answer all questions.)

1. What task was the injured performing?
___________________________________________________________________
___________________________________________________________________

2. How was the injured party injured?
___________________________________________________________________
___________________________________________________________________

3. What did the injured do unsafely?
___________________________________________________________________
___________________________________________________________________

4. What equipment was defective or failed?
___________________________________________________________________
___________________________________________________________________

5. What steps should be taken to prevent similar injuries?
___________________________________________________________________
___________________________________________________________________

6. Was accident reported immediately? Yes No If no, explain:
___________________________________________________________________
___________________________________________________________________

7. Did the student require medical attention as a result of this injury? Yes No
If yes, give name and address of transportation unit, medic, doctor and/or hospital.
___________________________________________________________________
___________________________________________________________________

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FIRST REPORT OF UNSAFE ACT

Class: ________________________________
Instructor: ________________________________
Name of Student: ________________________________
Department: ________________________________
Student's age: _______ Date of Activity____________________ Time:____________

DETAILS OF INCIDENT
(This information is for use in preventing similar incidents. Please answer all questions.)

1. What task was the student performing?
___________________________________________________________________
___________________________________________________________________

2. How was the student being supervised?
___________________________________________________________________
___________________________________________________________________

3. What did the student or instructor do unsafely?
___________________________________________________________________
___________________________________________________________________

4. What equipment was being used?
___________________________________________________________________
___________________________________________________________________

5. What steps should be taken to prevent similar unsafe acts?
___________________________________________________________________
___________________________________________________________________

6. Was the unsafe act brought to the attention of the instructor immediately?  Yes  No
If no, explain:
___________________________________________________________________
___________________________________________________________________

7. Would this incident have resulted in an injury? Yes  No
If yes, give details:
___________________________________________________________________
___________________________________________________________________
NOTICE TO ADJACENT PROPERTY OWNERS

A MINIMUM OF THREE DAYS ADVANCE NOTICE OR AS SOON AS POSSIBLE

On __________ the __________________ Fire Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: ___________________________________________
City: ____________________________ MN, Zip _________
County: ___________________________________________
Township: _________________________________________
Fire Number: _______________________________________
Nearest cross road: __________________________________

We are informing you of this training session so that you will not be surprised when you see the Fire Department working in your area on this date.

This will be a great opportunity for you to see your Fire Department at work, practicing techniques and skills to better protect you and your property.

We would like to remind you to take appropriate action to protect your car, laundry, if outside and other items that may come in contact with smoke or other particles. We would also like to remind you to keep your windows closed if you smell smoke in your area.

If you are not going to be at your residence or property at the time of the training session, please remember to make arrangements to have your windows closed and notify the Fire Department of a phone number where you can be reached.

Thank you for your continued support and cooperation.

Fire Chief _________________________________________
Fire Department _______________________________________
Phone _______________________________________________
Fax ___________________________________________________
Date _________________________________________________
GAS UTILITIES DEPARTMENT NOTICE

On ___________________ the _______________________________Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:
Address: __________________________
City: _______________________________ MN, Zip _________
County: ____________________________________________
Township: __________________________________________
Fire Number: ________________________________________
Nearest cross road: ________________________________

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate the receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

Fire Chief __________________________________________
Fire Department _____________________________________
Phone _____________________________________________
Fax ________________________________
Date _____________________________________________
ELECTRIC UTILITIES DEPARTMENT NOTICE

On ___________________ the _______________________________ Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:
Address: ____________________________________________
City: _______________________________ MN, Zip _____________
County: ____________________________________________
Township: __________________________________________
Fire Number: ________________________________________
Nearest cross road: __________________________________

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate the receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

Fire Chief __________________________________________
Fire Department _____________________________________
Phone _______________________________________________
Fax _________________________________________________
Date _______________________________________________
WATER UTILITIES DEPARTMENT NOTICE

On ___________________ the _______________________________ Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:
Address: ________________________________________________
City: ________________________________ MN, Zip _________
County: ________________________________________________
Township: ______________________________________________
Fire Number: __________________________________________
Nearest cross road: _________________________________

Will you please bring this information to the attention of your personnel, as we will be using water from the following hydrants:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

We are notifying you so that your department can prepare for this usage, so as to not receive complaints of rusty water or low water pressure during or after the training session.

You may also want to determine if you have any meters or other equipment that needs to be removed or protected.

If freezing is possible, please have your personnel winterize the hydrant(s) that were used.

Thank you for your continued cooperation.

Fire Chief __________________________________________
Fire Department ______________________________________
Phone ______________________________________________
Fax _________________________________________________
Date _______________________________________________
LOCAL/REGIONAL LAW ENFORCEMENT NOTICE

On ________________ the _______________________________ Fire Department will be conducting a live burn training session which will include demolition of a building by burning. The location of this training session is:
Address: _____________________________________________
City: ____________________________ MN, Zip _________
County: _____________________________________________
Township: ___________________________________________
Fire Number: _________________________________________
Nearest cross road: ________________________________

Please bring this to the attention of your dispatcher and patrol units. We may need traffic control if the location warrants it.

We would also like to be notified of any reported fires in the area which we are operating from. You may receive reports of a fire by pedestrians. Do not activate the alarm until you call us by radio or telephone first to confirm the location of the reported fire.

Thank you for your continued cooperation.

Fire Chief ________________________________
Fire Department ______________________________
Phone ________________________________
Fax ________________________________
Date ________________________________
LIABILITY INSURANCE COVERAGE OBTAINED

Most political subdivisions and their fire departments have liability insurance which covers any acts or omissions that may take place during a structural burn.

Fire department members are covered under the Workers Compensation plan obtained by the political subdivision to which the fire department belongs.

If this training is not being conducted through a state education institution, such as the Minnesota State Colleges and Universities institution, remember to obtain liability insurance to cover the unexpected problems that may come up. This should include exposure and medical, plus anything else you might be concerned about.

CITY/TOWNSHIP LIABILITY INSURANCE OBTAINED: Yes _____ No ______

DOCUMENTATION ENCLOSED: Yes _____ No ______

Fire Chief: __________________________________________

Fire Department: _____________________________________

Date: ______________________________________________
PARTICIPANT TRAINING VERIFICATION FORM

Per the 2018 edition of the NFPA 1403 Standard on Live Fire Training Evolutions, 4.3.1 Required Minimum Training, prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the minimum job performance requirements for Fire Fighter I of the NFPA 1001, Standard for Fire Fighter Professional Qualifications.

In addition, prior to being permitted to participate in live fire training evolutions, all participants shall have received training to meet the requirements in accordance with the 2018 edition of the NFPA 1403 Standard on Live Fire Training Evolutions, 4.3.2 Prerequisites for Live Fire Training Participants.

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<th>PLEASE PRINT NAME</th>
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<td>10. ________________</td>
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As Fire Chief of ___________________________ Fire Department, I verify that the students listed above are physically fit and have met the education requirements stated above. I also do hereby authorize the above individuals to participate in this training session.

__________________________________________
Signed

__________________________________________
Printed

__________________________________________
Dated

Please duplicate and add extra sheets if necessary
COMPLETION OF LIVE BURN TRAINING
TRANSFER OF PROPERTY TO AHJ/FIRE CHIEF/DESIGNEE

On _________________________, 20_____ at ________ hours, the Instructor-In-Charge has officially completed the training session and the property will become the responsibility of the AHJ or local fire department.

Property Location:
County: _________________________________

Township: ___________________________________

Fire Number: _______________________________

Nearest cross road: __________________________

It is the responsibility of the AHJ/Fire Chief or his/her designee to watch for unsafe fire conditions that may require additional resources. ________________________________ Agents/Instructors Representative waives any liability arising from property damage, personal injury, etc. in connection with the destruction of the structure.

__________________________________________  __________________________________________
(Print) Instructor-in-charge                   (Signature) Instructor-in-charge

__________________________________________  __________________________________________
(Print) AHJ/Fire Chief/Designee              (Signature) AHJ/Fire Chief/Designee
TRANSFER OF AUTHORITY OF THE PROPERTY BACK TO THE OWNER

Owners Copy

On ____________, 20____ at _______ hours, the ____________________ Fire Department has turned the property back over to the owner or the owner’s agent. The training session has been completed and the property will become the responsibility of the owner or agent representing the owner. The location of this property is:
Address: ________________________________________________
County: ________________________________________________
Township: __________________________________________
Fire Number: ___________________________________________
Nearest cross road: ______________________________________

It will be your responsibility to watch for any unsafe fire conditions that may require the return of the fire department to the property. If this happens, please notify the fire department immediately by the 9-1-1 telephone system.

It will be your responsibility to secure people and pets from coming in contact with the remains and the hole in the ground or any unsafe conditions that may harm them in any way.

Thank you for your continued cooperation.

Fire Chief __________________________________________________
Fire Department _____________________________________________
Phone _____________________________________________________
Date: ______________________________________________________

I acknowledge that I am the owner of the property described as follows:

____________________________________________________________________________

and that the fire department has returned my property to me in a manner that was agreed upon prior to fire training. I understand that I am once again responsible for my property and the proper disposal of the remaining structure.

Owner: _____________________________________________________
Fire Chief: ___________________________________________________
Date: ______________________________________________________

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How to Conduct a Fire Department Training Burn in Minnesota

Live fire training in a training center burn building, or in a suitable, acquired building awaiting demolition, is an excellent means of training firefighters. In the State of Minnesota, fire departments may be issued Fire Training Burn Permits, through the Minnesota Department of Natural Resources, Division of Forestry, to conduct live training burns of residential structures awaiting demolition. The burn must be a bonafide training burn, not a demolition burn with the fire department standing by. In addition, a fire department member must attend the site until the fire is extinguished and ensure proper disposal of the ash.

The following is an outline of steps that shall be followed to conduct a live structure training burn:


2) Have a Minnesota Department of Health certified inspector conduct an asbestos inspection of the structure to be burned. To obtain a current list of certified asbestos inspectors, call the MDH Asbestos Unit at 651-201-4620 or on the web at; www.health.state.mn.us/divs/eh/asbestos/find_contractor/index.cfm.

3) Review the asbestos inspection report provided by the inspector.

   ❑ If there are ANY asbestos-containing materials (ACM) in the structure, contract with a licensed asbestos abatement company to abate the ACM. See the MDH information above to find a licensed asbestos removal contractor.

   Note: Homeowners may abate the asbestos themselves; however, all of the ACM must be removed completely with no residue or debris remaining. Fire Department personnel cannot abate ACM.

   Go to; www.health.state.mn.us/divs/eh/asbestos/homeowner/index.html for asbestos removal by the homeowner.

4) Obtain a “Notification of Intent to Perform a Demolition form” (w-sw4-21), other forms and fact sheets by calling the MPCA at 651-296-6300 or go to; www.pca.state.mn.us/programs/asbestos_p.html.

   ❑ Mail or fax 651-297-1438 the Notification to the MPCA. The form must be completely filled out or it will be rejected.

   ❑ The MPCA will contact the Fire Department only if there are problems with the completed Notification. No confirmation letter is sent.
The Notification must be received or postmarked at least 10 working days (or 14 calendar days) prior to the start date of the training burn.  

Note: The Fire Department shall be listed as the demolition contractor on the “Notification of Intent to Perform a Demolition” form.

July 29, 2014

5) Remove all hazardous materials from the structure to be burned. To obtain a list of examples of hazardous materials, call the MPCA at 651-296-6300 or go to; www.pca.state.mn.us/index.php/view-document.html?gid=4954.

Note: All interior and exterior paint must be tested for lead prior to the training burn.

6) Obtain a copy of the “DNR Fire Training Permit Application”. Call your local DNR Forestry Area Office or go to; www.mndnr.gov/grants/ruralfire/resources.html.

Complete the DNR Fire Training Permit Application.  Be sure to identify a time period (up to 21 days) when the training may occur. The “Permit to Burn” may be issued for this time period.

Submit the Application to your local DNR Forestry Area or field Office at least 10 working days (or 14 calendar days) prior to the training burn for review. Approved applications, along with a “Permit to Burn”, will be returned to the fire department. Do not send application to the DNR Central Office in St. Paul or to Regional offices. Permits are issued from Forestry Area Offices only. http://www.dnr.state.mn.us/contact/locator.html

7) Conduct a final walk-through of the structure prior to the training burn to ensure all prohibited materials have been removed.

No additional materials can be hauled into the structure, other that clean hay, straw, or wood used to ignite the structure. Liquid petroleum products cannot be used to ignite the structure.

Contacts and Information:

DNR Forestry offices for questions regarding the Application DNR Fire Training Permit Application or the burning permit www.dnr.state.mn.us/contact/forestry.html.

MPCA for questions regarding the asbestos survey, asbestos abatement, or the Notification. Information at; www.pca.state.mn.us/programs/asbestos_p.html

Contact the MDH Asbestos Unit at; www.health.state.mn.us/divs/eh/asbestos/find_contractor/index.cfm to obtain a current list of certified asbestos inspectors and asbestos removal contractors.

State Law related to training burns: http://www.revisor.leg.state.mn.us/stats/88/17.html
FIRE TRAINING LIVE-BURN APPLICATION

**FIRE CHIEF or TRAINING OFFICER:** Complete this application and submit to a local DNR Forestry Office a minimum of 14 days prior to the actual live-burn training. All training must use only fuel materials as outlined in the current edition of National Fire Protection Association 1403, Standard on Live Fire Training Evolutions, and obtain the applicable MBFTE live burn plan documents.

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<tr>
<th>Fire Department/Other Agency</th>
<th>Address (City, State Zip)</th>
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<tr>
<td>Applicants Name</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td>Phone #</td>
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<td></td>
<td>E-mail/Fax to send permit to:</td>
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**Type of Live-Fire Training to be conducted:**
- [ ] Structure
- [ ] Other

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<th>Street Address</th>
<th>City</th>
<th>County</th>
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<tr>
<th>Name of MNSCU or Contracting Lead Instructor</th>
<th>Telephone Number</th>
<th>Fire Dept Training Officer Name</th>
<th>Telephone Number</th>
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<th>Township</th>
<th>Range</th>
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If structure is to be burned, indicate proposed number to be burned under this application: Indicate Type and size of structure(s) to be burned: (check)

- [ ] Commercial Structure
- [ ] Private Structure
- [ ] Structure
- [ ] Private Structure

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<tr>
<th>Approximate Size</th>
<th>Ft by Ft. Commercial</th>
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**Additional structures will require a site visit by a DNR Forester.**

- [ ] Attach a site plan/map to application identifying structure(s) involved in Live-Burn training.

Live Burn Training scheduled to occur between the dates of ____________ to ____________

<table>
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<tr>
<th>Asbestos Inspector</th>
<th>License No.</th>
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**Pre-Burn Requirements – Initial to verify that you have/will comply with each of the following:**

- [ ] Notification of Intent to Perform a Demolition form has been submitted to PCA. 
- [ ] Asbestos inspections and abatement must be completed on all structures. 
- [ ] Written consent of burn site property owner must be secured before training is conducted. 
- [ ] If structure, utilities must be disconnected before training is conducted. 
- [ ] Local emergency dispatcher(s) must be notified prior to the live-burn.

**Post-Burn Requirements – All debris remaining after the Live-Burn Training requiring disposal must be disposed of in a manner that meets MPCA and local solid waste ordinance requirements:**

I attest, by my signature, that I have read and will comply with the above requirements, MS§88, any attachment to this application, and that I am the authorized chief or training officer for the above fire department/agency.

<table>
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<tr>
<th>Applicant's Signature</th>
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" Application Approved  " Burning Permit attached

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<tr>
<th>DNR Forester</th>
<th>Date</th>
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Application Denied
Reason