

**FRTC SOP 2.0  
Attachment 2.1**

**SUPERVISING OFFICER’S STUDENT APPROVAL DOCUMENTATION**

Training Date: \_\_\_\_\_ Dept: \_\_\_\_\_

Supervising Officer Name/Title (print): \_\_\_\_\_

Participants

Name (printed)	Name (printed)
1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

I, (print name) \_\_\_\_\_ (title) \_\_\_\_\_

certify that each of the above-named individuals meet the following requirements:

1. Is an active member of this department and is covered by the department’s liability insurance which would cover this training.
2. Has been physically evaluated and is believed to be physically capable to perform evolution without risk.

(As applicable for advanced fire training)

3. Has received the minimum training or certifications to participate in “live fire” interior attacks as designated in SOP 4.0 “Guidelines for Live Fire Training”
4. Is certified by my department to wear a SCBA in hazardous atmospheres.\*NOTE: Individuals with beards, side burns or other hairstyles that interfere with the proper seal of a breathing apparatus face piece will not be allowed to enter the building during a live burn. Protective hoods over beards are not approved.

5. If PPE, SCBA or personal alarm devices worn by participants are found not to comply with NFPA and/or OSHA requirements, participants will not be allowed to participate in hands-on training requiring these items.
6. I understand that my department must utilize a rehabilitation policy consistent with NFPA and OSHA recommendations while conducting any training at the FRTC. It is my responsibility to ensure the rehabilitation policy meets this criteria.

I understand that the City of Denison, except as provided under chapter 25-A of the code of Iowa related to tort claims, shall not be held liable for any loss, costs, damage, and expenses occasioned by, or arising out of, any accident or other occurrence causing or inflicting injury and/or permanent damage to any person or property in relation to participants training in the DVFD Fire and Rescue Training Center (FRTC).

I understand that my department will be responsible to pay for any medical expenses incurred by members of my department as a result of training held at the FRTC facilities.

I understand my department is responsible for any costs incurred for damage to any property, equipment or PPE owned by my department used during training at the FRTC facilities.

I understand that if damage occurs to the FRTC facilities and is the result of willful or wanton acts by members of my department, that my department may be responsible for paying for such damages.

\_\_\_\_\_  
Supervising Officer's Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date