

North Yarmouth Fire Rescue - Standard Operating Guidelines	Code: A-122
<b>Live-Fire Training</b>	
Developed: 04/23/15 Authorized <i>GAP</i>	Revised: 03/12/2020 Pages: 7

## **1. General**

**1.1 Purpose.** The purpose of this Standard Operating Guideline is to provide the outline for conducting “live fire” training sessions that meet NFPA Standard 1403. It shall be used in conjunction with all other Standard Operating Guidelines whenever conducting “live fire” training sessions or “live smoke” drills.

**1.2 Scope.** This Standard Operating Guideline shall apply to all members of North Yarmouth Fire Rescue as well as Mutual-aid members working at the training event.

## **2. Minimum Requirements**

**2.1** Prior to being permitted to participate in live-fire training evolutions, the student shall have received training to meet the Interior Structural Fire Fighter Minimum Training Requirements based on NFPA 1001 as specified by the Maine Department of Labor, Bureau of Labor Standards. **See Annex material A.4.3.1 for the required training subjects.**

**2.2** Students participating in a live-fire training evolution who received the required minimum training specified in 4.3.1 from other than the authority having jurisdiction shall present written evidence of having successfully completed the prescribed training prior to being permitted to participate in any live fire training evolution.

## **3. Staffing Requirements**

**3.1** For each live fire drill the minimum staffing requirements and Incident Command System positions shall be met:

**3.1.1 Command.** 1 person. This person serves as the Incident Commander and has the overall responsibility for all operations.

**3.1.2 Safety.** 1 person. This person is responsible for the overall safety of the operation and members.

**3.1.3 Instructor.** 1 person. There shall be an instructor assigned to each of the following groups: Attack, Back-up, Vent, search and rescue, and RIT

**3.1.4. Igniter.** 2 people. There shall be 2 instructors assigned to this task

**3.1.5 Attack Crew.** 3 people. These people shall man the attack line.

## **Live Fire Training**

**3.1.6 Back-up Crew.** 3 people. These people shall man the backup/safety line.

**3.1.7 Vent Crew.** 3 people. These people shall man the vent and open the vent when called for

**3.1.8 Rapid Intervention Crew.** 3 people. These people shall make up the RIT group.

**3.1.9 Search Crew** 3 people. These people shall make up the search and rescue group.

**3.1.10 Attack Pumper Apparatus Operator.** 1 person. This person shall operate the attack pumper.

**3.1.12 Safety/Back-up Pumper Apparatus Operator.** 1 person. This person shall operate the safety pumper.

**3.1.13 Medical Group.** 2 persons. These people shall standby and provide medical assistance as needed. These people will also be responsible for the Rehab Station.

### **4. Hose Lines**

**4.1** For each drill, a minimum of a 1-¾ inch attack line shall be used and supplied from the attack pumper. The Back-up Crew shall have a minimum of a 1-¾ inch attack line supplied by the safety pumper.

### **5. Medical**

**5.1** Ambulance 56 shall be at the scene to provide medical services. These people shall serve as the Medical Group.

### **6. Fire Sets**

**6.1** No combustible or flammable liquids shall be used in the fire set. Fires may only be ignited at the direction of Command. The Safety Officer shall approve ignition of the fire after insuring all companies are ready to proceed. The back-up line will be in place to protect the igniter while igniting the fire. Once the fire is lit, the back-up team will exit the building. Only one fire will be set at a time.

### **7. Communications**

**7.1** The following positions shall have radio capability during all live fire drills:

- Command
- Safety
- Igniter
- Instructor

## **Live Fire Training**

- Attack Crew Leader
- Rescue Crew Leader
- RIT Group Leader
- Vent Group Leader
- Rehab Group Leader
- Attack Pumper Apparatus Operator
- Safety Pumper Apparatus Operator
- Medical Group
- Water Supply Officer

**7.2** All operations for live fire training shall be on a common channel, unless the Incident Commander assigns another frequency for different operations or branches

### **8. Pre-Fire Inspection**

**8.1** Prior to each burn the Incident Commander, Safety Officer, and Instructor shall inspect the structure for hidden fires, structural stability, hazards, and general safety conditions.

### **9. Ventilation**

**9.1** A roof ventilation opening shall be made prior to commencing any live fire drills. A system of providing vertical ventilation shall be completed prior to any fire being ignited.

### **10. Water Supply**

**10.1** A minimum of two separate water supplies shall be available.

**10.1.1** The Attack Pumper shall be supplied from the principal water supply.

**10.1.2** If the Safety Pumper is not utilizing the hydrant system, it must have a minimum of 1500 gallons of water available on site.

### **11. Smoke Drills**

**11.1** Only nontoxic theatrical smoke shall be utilized when conducting smoke drills.

### **12. Protective Clothing**

**12.1** During live fire and smoke drills; the protective clothing requirements shall be applied to all members operating at the drill as outlined in the Personal Protective Equipment Policy

## **Live Fire Training**

### **13. Check List**

**13.1** The North Yarmouth Fire Rescue Checklist will be completed prior to ignition of any fire in the training building

### **14. Building Release Form**

**14.1** The North Yarmouth Fire Rescue building release form shall be filled out prior to any live fire evolutions.

# Live Fire Training

## **North Yarmouth Fire Rescue** **LIVE FIRE TRAINING CHECKLIST** **Following NFPA 1403 Guidelines**

Date of live burns: \_\_\_\_\_

Owner of building: \_\_\_\_\_

Location of building: \_\_\_\_\_

Description of Building: \_\_\_\_\_

Officer in charge: \_\_\_\_\_

Lead instructor: \_\_\_\_\_

Safety officer: \_\_\_\_\_

### **TO BE COMPLETED PRIOR TO LIVE FIRES**

\_\_\_ Property release signed by owner

\_\_\_ Verification that insurance on building has been cancelled

- |   |                                  |
|---|----------------------------------|
| ___ Pre-burn planning                                     | ___ Hazards removed              |
| ___ Incident command utilized                             | ___ Adequate Water Supply        |
| ___ Checked weather conditions                            | ___ Safety briefing              |
| ___ Instructors briefed                                   | ___ Pre-burn building inspection |
| ___ Class "A" fires set only                              | ___ Utilities disconnected       |
| ___ Exposures removed or protected                        | ___ Crews assigned               |
| ___ Attack, Back up and safety lines set                  | ___ Two sources of water supply  |
| ___ Evacuation signals briefed                            | ___ Neighbors notified           |
| ___ Property drawing complete (set-up)                    | ___ Interior drawings complete   |
| ___ Asbestos Form D Complete                              | ___ Asbestos Form D sent to DEP  |
| ___ Letter from Asbestos Company stating building is free |                                  |

## Live Fire Training

### North Yarmouth Fire Rescue Building Release Form

Date\_\_\_\_\_

I \_\_\_\_\_ DONATE THE HOME LOCATED AT

\_\_\_\_\_ in the town of North Yarmouth Maine, to North Yarmouth Fire Rescue. The fire department will use the building for live fire training for the members. Prior to burning the structure for training, I also permit North Yarmouth Fire Rescue to use the building for any other training purposes. I also agree that no insurance claims will be made in regards to any training that the fire department conducts or live fire training. I do not hold North Yarmouth Fire Rescue or the Town of North Yarmouth liable for any damages that may occur on or around said property. The property will be turned back over to the home owner as soon as the debris are in a manageable state. I agree to remain on the property until the burning debris are completely extinguished.

Owner\_\_\_\_\_

Fire Rescue Chief\_\_\_\_\_

# Live Fire Training

## NOTICE OF CANCELLATION OR NONRENEWAL

\_\_\_\_\_  
(kind of policy)

Insurance company: \_\_\_\_\_

Policy # \_\_\_\_\_

Name and address of insured: \_\_\_\_\_

Date Cancellation takes effect: \_\_\_\_\_ Time cancellation takes effect: \_\_\_\_\_

(Applicable item is marked)

### Cancellation

☐ You are hereby notified in accordance with the terms and conditions of the above-mentioned policy that your insurance will cease at and from the hour and date mentioned above.  
If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective.  
If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

### Nonrenewal

☐ You are hereby notified in accordance with the terms and conditions of the above-mentioned policy that your insurance will cease at and from the hour and date mentioned above due to no payment of premium.  
A bill for the premium earned to the time of cancellation will be forwarded in due course.

☐ You are hereby notified in accordance with the terms and conditions of the above-mentioned policy that the abovementioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

### Important Notice

☐ In compliance With the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Agent Signature:

# Asbestos Building Demolition Notification

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
D**

Page 1 of 2  
2015

## Notice

Prior to demolition, building owners must determine if there is any asbestos-containing material(s) (ACM) in the building. An "asbestos inspection" by a MDEP-licensed Asbestos Consultant is required for all buildings regardless of construction date, except single-family homes and residential buildings with 2-4 units built after 1980. In lieu of an asbestos inspection, pre-1981 residential buildings with 2-4 units can be surveyed to identify possible ACM by someone knowledgeable about ACM, such as a code enforcement officer or building inspector.

If your project involves the demolition of a single family residence or a residential building with less than 5 units, please answer the following questions to determine whether you need to have your inspection performed by a MDEP-licensed Asbestos Consultant:

Does this demolition/renovation project involve more than ONE residential building at the same site with the same owner? ☐ Yes ☐ No

Is this building currently being used, or has it **EVER** been used, as a commercial, government, daycare, office, church, charitable or other non-profit place of business? ☐ Yes ☐ No

Is this building to be demolished as part of a highway or road-widening project? ☐ Yes ☐ No

Is this building part of a building cooperative, apartment or condo building? ☐ Yes ☐ No

Is this building used for military housing? ☐ Yes ☐ No

Have other residences or non-residential buildings at this site been scheduled to be demolished now, or in the future, as part of a larger project? ☐ Yes ☐ No

Is more than ONE building to be lifted from its foundation and relocated? ☐ Yes ☐ No

Will this building be intentionally burned for the purpose of demolition or fire department training? ☐ Yes ☐ No

**If you answer "no" to all the questions above, your building can be inspected by a knowledgeable non-licensed person as applicable.**

**Any "yes" answers to the above questions requires an inspection by a MDEP-licensed Asbestos Consultant.**

## Important Notice

Before you can demolish any building, including single-family residences, all asbestos materials must be removed from the building. The removal of those materials must be done by a MDEP-licensed Asbestos Abatement Contractor, except single-family homeowners may remove some asbestos under certain circumstances (Contact MDEP for more information).

With the exception of a single family home, building owners are required to submit the Asbestos Building Demolition Notification to the MDEP at least five (5) working days prior to the demolition **EVEN IF NO ASBESTOS** is present.



# Asbestos Building Demolition Notification

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
D**

Page 2 of 2  
2015

## Inspection/Survey Results:

Were asbestos-containing building materials identified or presumed positive? ☐ Yes ☐ No

If Yes, is the removal of ACM subject to MDEP asbestos regulations? ☐ Yes ☐ No

If No, explain WHY NOT: \_\_\_\_\_

property address:	building description: <input type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input type="checkbox"/> other:
asbestos survey/inspection performed by: (name & address)	asbestos abatement contractor
telephone:	telephone:
property owner: (name & address)	demolition contractor: (name & address)
telephone:	telephone:
demolition start date:	demolition end date:

Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the Maine Asbestos Management Regulations by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check [www.maine.gov/dep/rwm/asbestos/index.htm](http://www.maine.gov/dep/rwm/asbestos/index.htm) for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the MDEP requests that **municipalities** have applicants for municipal demolition permits complete this form and fax it to the MDEP at 207-287-6220. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

*This demolition notification does not take the place of the Asbestos Project Notification if applicable*

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT**

Print Name: Owner/Agent

Title

Signature

Telephone #

FAX #

Date