OSFM Example

Pre Burn Plan

The contents of this document are intended to serve only as an example of proper documentation recommended when conducting live fire training and therefore does not intentionally represent any one department or event. In some cases multiple examples may be shown to provide a comprehensive offering for illustration purposes. In this vein, separate training events may be represented in an effort to provide diversity.

OSFM does not recognize or recommend a certain style or layout regarding pre-burn plans. Rather, the emphasis should be that all elements are included in the burn plan. Individual instructors are encouraged to lay out their respective plan in such a manner as to best facilitate the training taking place while providing for the most effective organization of the documentation. It is important to note: depending on the circumstances of a certain event, additional information not reflected in this example may be required.

Questions or concerns, please contact:

Kevin.McArthur@ncdoi.gov

Live Fire Qualification Coordinator
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(Fire Organization:) __________________________________________

Structure Release

_______________ County, North Carolina

I (We), ______________________________, being the owner of the real property
to be burned, do hereby grant permission to the Chief of the _______________ Fire Department to set fire to and burn the
structure(s) located at the address above and described herein for the purposes
of live fire training. I (We) certify that there is no insurance coverage on the
described structure(s) and do hereby release all claims connected with or which
case may occur out of the setting fire to and burning the structure(s).

The structure will be burned down to its foundation. Any chimneys that have not
come down as a result of the burn will remain as is. The located property will be
released to the above owner(s) at the completion of the live fire training when all ___________ Fire
Department units have been cleared from the scene.

Property Description:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Owner:      Owner:
I, _____________________, Notary Public of said county, do hereby certify that
______________________ personally appeared before me this day and
acknowledged the execution of the foregoing instrument.

Witness my hand and seal, this the _____ day of _____, 20__.

____________________________
Notary Public
My Commission Expires ____________

Remember: a comprehensive release should contain proof or a clear title, written
permission from the owner, proof of insurance cancellation and a clear description of the
anticipated condition of the property after the training is completed. Also, it is important to
determine when and how the property is to be turned back over to the owner.
Adjacent Property Notifications for
Training Burn; 4108 Presbyterian Rd.

Community Center: Across the street from the target structure. Chief Bowers notified agency representative Jada Grisby by phone on 7/28/08. No concerns reported, no activities planned at center that day.

Mack’s Gas Station: Approximately 1/10 of a mile from the target structure. Chief Bowers notified business owner Mack Davis in person on 7/28/08. Mack’s only concern was being able to remain open during the burn, which will not present an issue.

4110 Presbyterian Rd: Next door to the target structure. Chief Bowers notified the (Private Residence) property owner of the residence on 7/29/08. Due to history of acute asthma, the property owner agreed to spend the day away visiting family during the training burn.

No other adjacent properties exist.

Traffic and Roadways:

Chief Bowers requested that NCDOT block the road on both sides of the target structure as the structure is not on a primary roadway. Request made 8/2/08 and denied by NCDOT.

To provide for firefighter and participant safety, two support members shall be tasked with monitoring and cautioning traffic throughout the event. These members will be dressed in PPE with traffic vests to increase visibility and located on the roadway at opposite ends of the training area.

Remember to notify anyone that may be affected by the training burn, adjacent properties, as well as high or special population areas. (Schools, hospitals, etc.)
June 11, 2008

Kevin Bowers
Chief
Alamance Fire Department
4107 Presbyterian Road
Greensboro NC 27406-

SUBJECT: Demolition Notification
NESHAP No. 35040
Vacant Resident 4108
Presbyterian Rd

Dear Kevin Bowers:

The above-referenced Demolition Notification was received and accepted by the Health Hazards Control Unit (HHCU) on June 11, 2008. The Notification indicates the demolition, by Alamance Fire Department, will begin on June 21, 2008, and end on June 21, 2008.

Any revisions to the above Notification shall be submitted, in writing, to the HHCU within the time limits prescribed by the rules governing the HHCU program. Failure to submit timely revisions may result in the initiation of an enforcement action.

If you have any questions, please do not hesitate to call our office at (919) 707-5955.

Sincerely,

Mary Giguere
Manager
Health Hazards Control Unit
# Department of Health and Human Services
## Division of Public Health
### Health Hazards Control Unit

## Demolition Notification

<table>
<thead>
<tr>
<th>Permit #</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>NESHAP #</td>
<td>31710</td>
</tr>
<tr>
<td>Date Issued</td>
<td>11-21-2006</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th>Residential Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td>David Thorne</td>
</tr>
<tr>
<td>Address</td>
<td>3709 Gerard Road Greensboro, NC 27406-</td>
</tr>
<tr>
<td>Size</td>
<td>1500 SF</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>County</td>
<td>Guilford</td>
</tr>
<tr>
<td>Age</td>
<td>30</td>
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<table>
<thead>
<tr>
<th>Demolition Start</th>
<th>12-09-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>End</td>
<td>12-09-2006</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Days</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>8:00 AM - 6:00 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Removal Contractor:</th>
<th>Alamance Fire Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>4107 Presbyterian Road</td>
</tr>
<tr>
<td>Greensboro, NC 27406-</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td>Kevin Bowers</td>
</tr>
<tr>
<td>Phone</td>
<td>(336) 697-0572</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transporter:</th>
<th>Landfill:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Inspector:</td>
<td>Supervising Air Monitor:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL C GARRETT - #12281</td>
<td></td>
</tr>
<tr>
<td>Samples Collected</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R ACM:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signatory:</td>
<td>Kevin Bowers</td>
</tr>
<tr>
<td>Alamance Fire Department</td>
<td>4107 Presbyterian Road Greensboro, NC 27406-</td>
</tr>
</tbody>
</table>

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Any revisions to this Permit/Notification must be submitted to the Health Hazards Control Unit (HHCU). Waste Shipment Records (WSR) shall also be submitted to the HHCU. These forms must be submitted, in writing, on a form provided or approved by the HHCU within the time limits prescribed by the rules governing the HHCU Program. Failure to submit these forms may result in the initiation of enforcement actions.

**REMOVAL PERMITS MUST BE POSTED FOR THE DURATION OF THE PROJECT**

Mary T. Giguere, CIH
Health Hazards Control Unit
NCDHHS - Division of Public Health
1912 Mail Service Center Raleigh, NC 27699-1917
Phone: (919) 707-5950 Fax: (919) 870-4808
Alamance Community
Fire Department
Station 54 and 44

4107 Presbyterian Rd.
Greensboro NC, 27406

November 16, 2006

This is to certify that the asbestos has been removed from the house located at 3709 Girard Rd. The house is being used for live fire training by the Alamance Community Fire Department

Signature of owner: ________________________

Signature of notary: ________________________
NORTH CAROLINA DIVISION OF AIR QUALITY
FIREFIGHTER TRAINING NOTIFICATION

This form is to be used to provide prior notification of open burning for the training of firefighting personnel in accordance with 15A NCAC 2D. 1903(b)(11). This notification must be submitted to the Division of Air Quality at least 10 days prior to commencement of the burn. Submittal of form DHHS3768 to the Health Hazards Control Unit (HHCU) [see directions page 2] must be submitted, and a NESHAP number assigned (from HHCU) prior to mailing or faxing this completed form to the appropriate Division of Air Quality (DAQ) Regional Office. Fire departments in counties with local environmental control programs should contact their local agency listed on page 2. It is not necessary to submit page 2 with this notification. Additional forms and information are available on the Internet at: http://www.daq.state.nc.us/en complicated.

Fire Dept.: ____________________________ Location of Training Exercise (address, city, county, etc.): ____________________________

Complete Mailing Address: ____________________________________________

City, State: ____________________________________________

Phone: __________ Fax: __________ County: ____________________________

Cell Phone: __________ Email: __________

DAQ cannot approve burning a previously demolished structure or salvageable items for firefighter training. Motor vehicles may be burned over a period of time by a training unit or by several related training units. Describe the nature and the amount of materials to be burned. If a structure is to be burned, state construction type, number of rooms, floor area, etcetera.

Description: ____________________________________________

State training objectives: ____________________________________________

Beginning date(s) and time(s) of training exercise: ____________________________

Ending date: ____________________________ Alternate date(s) and time(s): ____________________________

Any deviations from the dates and times of exercises, including additions, postponements, and deletions, submitted in the schedule in the approved plan shall be communicated verbally to the regional office [air quality] supervisor of the appropriate regional office at least one hour before the burn is scheduled.

Remember, following one agency’s regulations does not guarantee compliance with another.

A person who is accredited as a North Carolina Asbestos Inspector must inspect structures. All burned structures must be free of asbestos. All asbestos containing building materials must be properly removed before the live fire training exercise. Further, notification form DHHS3768 must be completed and submitted by mail only (no faxes) to the Division of Public Health, Health Hazards Control Unit (HHCU), even if no asbestos was identified in most structures, at least 10 working days prior to the burn date(s). For further information on the required asbestos inspection and notification form DHHS3768, please contact the HHCU at (919) 707-5650. Fire departments in counties with local environmental control programs should contact their local agency listed on page 2 of this notification.

NESHAP number (assigned by HHCU): Required prior to burn

Has the structure been inspected for asbestos containing materials? __Yes __No. Does the structure have any asbestos containing materials present? __Yes __No. If yes, describe the materials and the removal procedures: ____________________________________________

I certify by my signature the information submitted on this notification to be true and accurate to the best of my knowledge:

Name (Print): ____________________________ Title: ____________________________

Signature: ____________________________ Date: ____________________________

** DAQ USE ONLY **
Regional ____________________________ Air Quality ____________________________
(Supervisor: ____________________________ Date: ____________________________

(Revised 07/08/2008)

8
NORTH CAROLINA DIVISION OF AIR QUALITY
FIREFIGHTER TRAINING NOTIFICATION

General Information

*** It is not necessary to submit this page (page 2) with your notification. ***

Rule 15A NCAC 2D. 1903(b)(11) allows open burning for instructing and training of firefighting personnel that does not qualify for coverage under 15A NCAC 2D. 1903(b)(9) and (10). Burning is permissible only as a fire training exercise with the fire department present during the burning.

Permission shall not be given for the burning of salvageable items, such as insulated wire and electric motors, or for the primary purpose of disposal of synthetic materials or refuse by fire. Permission shall not be given to burn previously demolished structures. A "bulked" pile of rubble is not a legitimate source of fire training, and permission shall not be granted to burn such material. If a structure cannot be entered and fire set, extinguished, and reset multiple times, then the fire training value is questionable.

The burden of demonstrating that any proposed burning exercise is legitimate training, and is therefore permissible, lies with the certified live burn instructor and fire department. If the appropriate regional air quality supervisor believes the training is not the primary goal of the exercise, he/she may deny permission to burn.

Fire training open burning is prohibited on code orange, red, or purple days in the counties that are in the air quality forecast areas. The Division recommends no burning throughout the rest of the state on code orange, red, or purple days. The Division will issue daily air quality forecasts for the following day from May through September for specific regions/counties of the state. To hear forecasts, dial 1-888-627-7720. The forecasts and the affected counties are also available on the internet at: http://www.sed.state.nc.us/air/ You may also contact your Division of Air Quality Regional Office for forecasts or more information.

Asbestos

Before a structure is burned, the asbestos requirements of 40 CFR 61.145 and any other applicable asbestos requirements in 40 CFR Part 61, Subpart N, must be met. Asbestos information may be obtained by contacting the Health Hazards Control Unit at their physical address: NC DHHS, Division of Public Health, Health Hazards Control Unit, 5505 Six Forks Road, 2nd Floor, Raleigh, NC 27609, or by their mailing address: 1912 Mail Service Center, Raleigh, NC 27699, or by phone/fax at P:(919) 707-5950, F:(919) 786-4886 for requirements. Either the owner of the structure(s) or the fire department must obtain and file notification form DHHS376 and document properly the structure(s) to be burned in order are asbestos free or not covered under the asbestos rules.

Under 40 CFR 61.145(c)(10), if a facility is demolished by intentional burning, all regulated asbestos-containing materials (RACM), including Category I and Category II nonfriable asbestos-containing material must be removed according to the NESHAP regulations prior to burning. Furthermore, intentional burning of a facility constitutes demolition; therefore, proper notification must be completed and submitted to the Health Hazards Control Unit.

Regional Offices

Completed Notification of Open Burning for the Training of Firefighting Personnel forms must be mailed or faxed to the appropriate Division of Air Quality, regional supervisor at the following locations. If you do not know the regional office that serves your location, please contact the office nearest you for clarification:

Asheville Regional Office
2990 US Hwy 70
Swannanoa, NC 28778
Phone: (828) 293-4500
Fax: (828) 293-7043

Fayetteville Regional Office
225 South Street, Suite 714
Fayetteville, NC 28301
Phone: (910) 433-3300
Fax: (910) 485-7470

Moore County Regional Office
810 East Main Street
Mooresville, NC 28115
Phone: (704) 663-1699
Fax: (704) 663-7579

Raleigh Regional Office
3800 Barnett Drive
Raleigh, NC 27609
Phone: (919) 791-4200
Fax: (919) 791-4718

Washington Regional Office
943 Washington Square Mall
Washington, NC 27889
Phone: (252) 946-6481
Fax: (252) 946-3710

Wilmington Regional Office
105 Cardinal Drive Extension
Wilmington, NC 28405
Phone: (910) 706-7215
Fax: (910) 350-2004

Winston-Salem Regional Office
585 Vaughn Road
Winston-Salem, NC 27107
Phone: (336) 771-5000
Fax: (336) 771-4632

Local Environmental Programs

Buncombe County
Western NC Regional
Air Quality Agency
49 Mount Carmel Road
Asheville, NC 28806
Phone: (828) 255-5655
Fax: (828) 255-5228

Forsyth County
Environmental Affairs Department
537 N. Spruce Street
Winston-Salem, NC 27101
Phone: (336) 703-2440
Fax: (336) 703-2455

Mecklenburg County
Dept. of Environmental Protection
700 N. Tryon Street, Suite 205
Charlotte, NC 28202
Phone: (704) 335-7500
Fax: (704) 335-2922

Division of Air Quality Web Page: www.ncair.org

(Revised 07/09/2008)
# Asbestos Permit Application and Notification for Demolition/Renovation

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>NESHAP ID Number</th>
</tr>
</thead>
</table>

## 1. Type: Demo: [ ] Order: [ ] Non-scheduled Asbestos Removal: [ ] Asbestos Removal: [ ] Emergency Asbestos Removal

## 2. Is Asbestos Present? [ ] Yes: [X] No

## 3. Facility Information (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)

### Owner Name: Alamance Community Fire Dept

<table>
<thead>
<tr>
<th>Address</th>
<th>Greensboro</th>
<th>State: NC</th>
<th>Zip: 27406</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact: Kevin Bowers</td>
<td>Contact Phone: 336-697-0572</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Operator Name (If Other Than Owner):

<table>
<thead>
<tr>
<th>Address</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact:</td>
<td>Contact Phone:</td>
<td></td>
</tr>
</tbody>
</table>

### Asbestos Removal Contractor:

<table>
<thead>
<tr>
<th>Address</th>
<th>Greensboro</th>
<th>State: NC</th>
<th>Zip: 27406</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact: Kevin Bowers</td>
<td>Contact Phone: 336-697-0572</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Demolition Contractor: Alamance Community Fire Dept

<table>
<thead>
<tr>
<th>Address</th>
<th>Greensboro</th>
<th>State: NC</th>
<th>Zip: 27406</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact: Kevin Bowers</td>
<td>Contact Phone: 336-697-0572</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Supervising Air Monitor (If Required):

| NC Accreditation Number: |

### Abatement Designer (If Required):

| NC Accreditation Number: |

## 4. Facility Description (Include building name, number and floor or room number)

### Building Name: Residential Structure

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Greensboro</th>
<th>State: NC</th>
<th>Zip: 27406</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Greensboro</td>
<td>State: NC</td>
<td>Zip: 27406</td>
</tr>
<tr>
<td>Asbestos Removal Site Location: Guilford</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building: 1,700</td>
<td># of Floors: 2</td>
<td>Age in Years: 40+</td>
<td></td>
</tr>
<tr>
<td>Present Use: Abandoned</td>
<td>Prior Use: Residence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 5. Scheduled Dates: Non-Scheduled Asbestos Removal (MM/DD/YY)

| Start Date: | Complete: |


| Start Date: | Complete: |

## 7. Scheduled Dates: Demolition (MM/DD/YY)

| Start Date: 06-21-08 | Complete: 06-21-08 |

### Work Schedule (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun Work Hours: 7:00 AM - 6:00 PM

---

**For Governmental Agency Use Only**

<table>
<thead>
<tr>
<th>Postmark Date:</th>
<th>Region/County/Contractor/Landfill:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approving Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

DEAR 1768 (Rev. 08/08)
### Chain of Custody

**Asbestos Lab Services**

Please print all information legibly.

<table>
<thead>
<tr>
<th>Company:</th>
<th>Bill To:</th>
</tr>
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<tbody>
<tr>
<td>Address 1:</td>
<td>Address 1:</td>
</tr>
<tr>
<td>Address 2:</td>
<td>Address 2:</td>
</tr>
<tr>
<td>City, State:</td>
<td>City, State:</td>
</tr>
<tr>
<td>Zip/Post Code:</td>
<td>Zip/Post Code:</td>
</tr>
<tr>
<td>Country:</td>
<td>Country:</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Attn:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>EMSL Rep:</td>
<td>P.O. Number:</td>
</tr>
</tbody>
</table>

**Project Name/Number:**

---

### MATRIX

<table>
<thead>
<tr>
<th>P Air</th>
<th>P Soil</th>
<th>Micro-Vac</th>
<th>TEM AIR, 3 hours, 6 hours, Please call ahead to schedule. There is a premium charge for 3-hour tat, please call 1-800-220-3675 for price prior to sending samples. You will be asked to sign an authorization form for this service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P Bulk Drinking Water</td>
<td>P 48 Hours (2 days)</td>
<td>P 72 Hours (3 days)</td>
<td>20 Hours (5 days)</td>
</tr>
<tr>
<td>P Wipe P Wastewater</td>
<td>P 144+ hours (6-10 days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**PCM - Air**

- P NIOSH 9002:
  - H NIOSH 7400(A) Issue 2: August 1994
  - P EMSL Standard Addition:
  - P OSHA w/TWA Cl
    - SEM Air or Bulk
  - Other:
    - P Qualitative P Quantitative
  - TEM Microvac/Wipe
    - P ASTM 5755-95 (quantitative method)

---

**PLM - Bulk**

- P EPA Point Count
- P NY Stratified Point Count
- P PLM NOB (Gravimetric) NYS 198.1
Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

<table>
<thead>
<tr>
<th>Sample</th>
<th>Location</th>
<th>Appearance</th>
<th>% Fibrous</th>
<th>% Non-Fibrous (other)</th>
<th>% Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-001</td>
<td>Back Bathroom</td>
<td>Pink/Tan/Gray</td>
<td>1%</td>
<td>69%</td>
<td>30% Chrysotile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-001A</td>
<td>Back Bathroom</td>
<td>Yellow/Tan</td>
<td>&lt;1%</td>
<td>100%</td>
<td>&lt;1% Chrysotile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-002</td>
<td>Inside Walls</td>
<td>Gray/Brown/Cream</td>
<td>15%</td>
<td>85%</td>
<td>None Detected</td>
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<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-003</td>
<td>Bedroom Ceilings</td>
<td>Brown/Tan</td>
<td>97%</td>
<td>3%</td>
<td>None Detected</td>
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<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-004</td>
<td>Front Bathroom</td>
<td>Beige/Tan</td>
<td>30%</td>
<td>69%</td>
<td>None Detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-004A</td>
<td>Front Bathroom</td>
<td>Gold</td>
<td>&lt;1%</td>
<td>100%</td>
<td>None Detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-005</td>
<td>Kitchen Bar</td>
<td>Tan/Brown</td>
<td>70%</td>
<td>30%</td>
<td>None Detected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cellulose</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Live Fire Training Objectives and Policies:

All aspects of this training event will follow NFPA 1403 and the NC Fire & Rescue Commission's policies concerning live fire training. The purpose of the planned exercise is to conduct thermal imaging training in conjunction with interior fire attack instruction. To best facilitate this, the instructors will provide realistic fires with the intent of attacking only after the fire room has reached flashover. To assist with fire propagation, in accordance with NC Fire & Rescue Commission policies, class 'B' fuels will be utilized in a pre-application capacity in order to complete as many evolutions feasible while maintaining the realism of the training environment.

One LFQ instructor will be paired with an apprentice instructor to provide for the safety of both instructors while facilitating the apprentice instructor's learning environment. Once the fire is set, both instructors will act as interior safety officers while the crews perform their evolutions led by other officers and instructors.

As the roof of the structure consists of two separate areas, two ventilation openings have been placed in the roof, one in each respective area. Additionally, the gable ends of the attic area have been removed on sides 'B', 'C', and 'D' to provide better visibility and control of the attic area. This is in accordance with NC Fire & Rescue Commission's policies concerning roof ventilation during live fire training in an acquired structure.

There are no exposure concerns associated with the target structure.

EMS standby shall be provided throughout the exercise by County EMS Per county policy, notification was made at least 15 days prior to the training event to ensure securing a manned ALS unit for the burn.

While not required, listing the objectives of the training only serves to show the proactive and professional nature with which the event is planned and executed.
Hazard Mitigation:

<table>
<thead>
<tr>
<th>Exterior Hazard</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brush and debris around structure</td>
<td>Removed brush and debris</td>
</tr>
<tr>
<td>Landscape timbers on side 'A' trip hazard</td>
<td>Removed timbers</td>
</tr>
<tr>
<td>Storage building 30' from structure</td>
<td>Removed prior to training</td>
</tr>
<tr>
<td>Roof area intact</td>
<td>Cut 2 vent holes/removed gable end</td>
</tr>
<tr>
<td>No steps at entry door on side 'A'.</td>
<td>Built steps with railings</td>
</tr>
<tr>
<td>No windows on side 'B' of structure</td>
<td>Created 2 windows on side 'B'</td>
</tr>
<tr>
<td>Screens on several windows</td>
<td>Removed all screens</td>
</tr>
<tr>
<td>Gutters on side 'A' porch and side 'B'</td>
<td>Removed all gutters</td>
</tr>
<tr>
<td>Gas line and meter on side 'D' next to house</td>
<td>Removed gas line and meter</td>
</tr>
<tr>
<td>Septic field in yard on side 'C'</td>
<td>Taped off area</td>
</tr>
<tr>
<td>Well house on side 'B'</td>
<td>Taped off area</td>
</tr>
<tr>
<td>Yellow jacket hive on side 'D'</td>
<td>Destroyed hive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interior Hazards</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall paneling missing due to previous training in structure</td>
<td>Patched affected areas with OSB board</td>
</tr>
<tr>
<td>Weak floor in kitchen due to water damage</td>
<td>Reinforced with OSB board</td>
</tr>
<tr>
<td>Large void space leading into attic area</td>
<td>Blocked off with OSB board</td>
</tr>
<tr>
<td>Carpet in two bedrooms and living room</td>
<td>Removed all carpet from structure</td>
</tr>
<tr>
<td>Water heater in kitchen area</td>
<td>Removed water heater</td>
</tr>
<tr>
<td>Furniture left in structure</td>
<td>Removed all furniture</td>
</tr>
<tr>
<td>Debris inside structure</td>
<td>Removed all debris</td>
</tr>
</tbody>
</table>

*An comprehensive mitigation page shows good faith on the part of the agency and instructors conducting the burn to make the scene as safe as possible for live fire training.*
First Floor

Gable End Removed

Ingress/Egress

Vent

Not to Scale

N
Second Floor

Not to Scale
Crew Assignments:

IC:       Apparatus Operators:

Safety:

Instructors:  Apprentice Instructors:

Crew 1:  Crew 2:

Crew 3:  Crew 4:

There are many methods to monitor crews and maintain accountability. The key is to make sure that it happens!
Water Supply Calculation Sheet

NFPA 1142 (1231)
NFPA 1403

Square Footage: \( L \times W \)

Cubic Footage: footage sq. \( x \) height
(remember attic)

Occupancy Hazard Class

Construction Class #

Exposure Information

Total Cubic Ft. \( x \) Construction \( x \) Exposure = Minimum Water Supply
Class # Factor

Occupancy Hazard Class

NFPA 1231 (table 5-9(c))

Rate Water Is Available to Fireground and Fire Department’s Capability for Using Water (gal/m)

<table>
<thead>
<tr>
<th>Total Water Supply Required (gallons)</th>
<th>250</th>
<th>500</th>
<th>750</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 2499</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2500 to 9999</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10,000 to 19,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20,000 or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add 50% reserve for NFPA 1403

Total minimum gallons needed
A weather report can be printed from the internet or handwritten.

---

Hourly Weather Forecast for Greensboro, NC (27406) - weather.com

<table>
<thead>
<tr>
<th>Time</th>
<th>Condition</th>
<th>Feels Like</th>
<th>Chance Precip</th>
<th>Dew Point</th>
<th>Humid.</th>
<th>Wind</th>
</tr>
</thead>
<tbody>
<tr>
<td>6am</td>
<td>Few Showers 66°F</td>
<td>66°F</td>
<td>30%</td>
<td>62°F</td>
<td>87%</td>
<td>From WSW 4 mph</td>
</tr>
<tr>
<td>Sunrise 6:03 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning Commute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7am</td>
<td>Showers 67°F</td>
<td>67°F</td>
<td>40%</td>
<td>62°F</td>
<td>84%</td>
<td>From W 5 mph</td>
</tr>
<tr>
<td>8am</td>
<td>Showers 69°F</td>
<td>69°F</td>
<td>40%</td>
<td>62°F</td>
<td>78%</td>
<td>From WNW 5 mph</td>
</tr>
<tr>
<td>9am</td>
<td>Showers 71°F</td>
<td>71°F</td>
<td>40%</td>
<td>61°F</td>
<td>71%</td>
<td>From NNW 5 mph</td>
</tr>
<tr>
<td>10am</td>
<td>Showers 73°F</td>
<td>73°F</td>
<td>50%</td>
<td>61°F</td>
<td>66%</td>
<td>From NNE 6 mph</td>
</tr>
<tr>
<td>11am</td>
<td>Showers 75°F</td>
<td>75°F</td>
<td>50%</td>
<td>61°F</td>
<td>62%</td>
<td>From ENE 6 mph</td>
</tr>
<tr>
<td>12pm</td>
<td>Showers 76°F</td>
<td>78°F</td>
<td>50%</td>
<td>62°F</td>
<td>62%</td>
<td>From E 6 mph</td>
</tr>
</tbody>
</table>

It is important to monitor air quality levels!
To the Chief and Training officer of the Alamance Community Fire Dept

I Steve Apple chief of the Northeast Guilford Volunteer Fire Sept. give my consent to allow Walter Truelove (Skip) to participate in the live fire exercises you are conducting at the house on Girard Rd. that will be held on December 9, 2006. Along with this permission I ask that you please pair him with a qualified instructor, preferably Captain McArthur, or Lt. Nelson. I would also like to express my appreciation for allowing him to participate.

Steve M. Apple Fire Chief Northeast Guilford Volunteer Fire Dept.

A letter like the one above, or a list of participants with the respective Chief’s signature will both suffice when it comes to obtaining permission from an outside agency.
Live Fire Training

REGISTRATION CONFIRMATION

Please PRINT this page for your records, you may be asked to produce it as proof of registration.

If the Training is cancelled within 24 hours of the scheduled time contact Kevin.McArthur@ncdoi.gov

LEAD INSTRUCTOR NAME: Kevin McArthur
LEAD INSTRUCTOR E-MAIL: Kevin.McArthur@ncdoi.gov
TRAINING DATE: 11-11-11
TRAINING TIME: 11-11
ADDRESS: 1202 Mail Service Center
CITY: Raleigh
STATE: NC
ZIP: 27699
LEAD INSTRUCTOR PHONE: 919.609.4794
DELIVERY AGENCY NAME: NC OSFM
SCHOOL DIRECTOR NAME:
DELIVERY AGENCY PHONE: 919.662.5880
NESHAP NUMBER: N/A
DATE SUBMITTED: 2/3/2010 3:00:16 PM

Remember to register your burn at least 15 days prior to the date of the event!
Keep a copy of the injury form handy in case it is needed.

Training Injury Report Form

Date & Time: _______________ OSFM Staff Recording Injury: _______________

Injury reported by: ________________________________

Type of training being conducted: ________________________________

Date of injury: ________________

Location: ________________________________

Authority having Jurisdiction: ________________________________

Instructor-in-charge: ________________________________

Qualifications of Instructor-in-charge: ________________________________

Total number of training participants: ________________________________

Number of instructors deemed qualified: ________________________________

**INJURED FIREFIGHTER or RESCUE PERSONNEL:**

Age: ________________ Years of service: ________________________________

Pre-injury activities at training exercise: ________________________________

Pre-injury physical condition: ________________________________

Detailed description of Injury: ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Circle as appropriate: Paid Volunteer Combination

<table>
<thead>
<tr>
<th>Classify the injury from the following categories:</th>
<th>Wound, Cut, Dislocation, Fracture</th>
<th>Smoke or gas inhalation, Respiratory distress</th>
<th>Fire burns, Chemical burns</th>
<th>Heart attack, Stroke</th>
<th>Thermal stress</th>
<th>Other</th>
</tr>
</thead>
</table>


Firefighter Injury Questionnaire
(For fire related injury)

1. Was this class a North Carolina Fire & Rescue Commission (NCF&RC) certification class?    Yes   No

2. Is the instructor certified by the NCF&RC as a Firefighter I & II Instructor?    Yes   No

3. Is the instructor qualified by the NCF&RC as an Instructor?
   LP   Live Fire   LP & Live Fire   No qualification
   Other (Please specify): ____________________________________________

4. Was this class taught through a NCF&RC delivery agency?    Yes   No

5. Was there any damage to the firefighters personal protective equipment? (Torn, ripped, melted, etc)    Yes   No

6. Please specify damage to the personal protective equipment, if applicable.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

7. Was the injured firefighter wearing an SCBA at the time of the incident?    Yes   No

8. Was a Safety Officer assigned at the time of the injury?    Yes   No

9. Comments: _____________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
North Carolina Fire and Rescue Commission
Live Fire Training
Audit Form

County: Guilford Co Location: 4100 Presbyterian Rd Date: 6-21-08
Delivery Agency: Alamance FD Instructor's Name: Wayne Henderson

Checklist per NFPA 1403 and the NCFRC

<table>
<thead>
<tr>
<th>Points to Observe</th>
<th>1403</th>
<th>Ckoff</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written documentation received from owner:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written permission from owner to burn structure.</td>
<td>4.2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of clear title.</td>
<td>4.2.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of insurance cancellation.</td>
<td>4.2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledgment of post-burn property condition.</td>
<td>4.2.6</td>
<td></td>
<td>&quot;Prop of Alamance FD&quot;</td>
</tr>
<tr>
<td>Local burn permit received.</td>
<td>4.2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permission obtained to utilize fire hydrants.</td>
<td>4.2.2</td>
<td>N/A</td>
<td>&quot;Water Hard&quot;</td>
</tr>
<tr>
<td>Notification made to appropriate dispatch office including date, time, and location of burn.</td>
<td>4.2.2</td>
<td></td>
<td>&quot;CHI&quot;</td>
</tr>
<tr>
<td>Notification made to all affected police agencies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received authority to block off roads.</td>
<td>4.2.0</td>
<td>N/A</td>
<td>&quot;No roads blocked&quot;</td>
</tr>
<tr>
<td>Received assistance in traffic control.</td>
<td>4.2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notification made to owners and users of adjacent properties of date, time, and location of burn.</td>
<td>4.2.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability insurance obtained covering damage to other property.</td>
<td>4.2.1</td>
<td>N/A</td>
<td>&quot;Prop AFD&quot;</td>
</tr>
<tr>
<td>Written evidence of prerequisite training obtained from participating students from outside agencies.</td>
<td>4.1.1</td>
<td></td>
<td>&quot;Prop AFD&quot;</td>
</tr>
</tbody>
</table>

Use the audit form to double-check the pre-burn plan. After all, this is the same form that OSFM staff use to conduct an audit!

A full version of the audit form and other live fire material can be found on the OSFM website:


Burn Safe!