



# BERKS COUNTY FIRE TRAINING CENTER SITE USAGE REQUEST FORM

revised 6/23 / N Fire Training Site Usage Request Forms

Training Date and Times Requested:

TO
----

Other agency(s) Attending:


Point of Contact:

Name:
Agency:
Phone (daytime):

Please provide a description of the equipment, services, and training to be performed on site including the expected number of attendees:

--

# SITE RESERVATION REQUESTS

Building Sites		
REQUESTED		"New" Burn Building (A)
REQUESTED		"Old" Burn Building (B)
REQUESTED		Drill Tower
EXPECTED # OF ATTENDEES	O R	Classroom(s)
Confined Spaces		
REQUESTED		Confined Spaces (Manholes)
REQUESTED		Confined Spaces (Tanks)
Flammable Liquids Pits		
REQUESTED		L-Pit
REQUESTED		Round Pit
REQUESTED		Propane Evolution Area
Other Locations		
REQUESTED		Fire Extinguisher Pit
REQUESTED		Stand-alone Roof Simulator
REQUESTED		General Grounds Usage
REQUESTED		Drafting Pit
Consumables		
REQUESTED		Fire Extinguisher (2.5 P/W)
REQUESTED		Fire Extinguisher (2.5 AFFF)
REQUESTED		Fire Extinguisher (10# BC)
REQUESTED		Fire Extinguisher (10# ABC)
REQUESTED		Fire Extinguisher (10-15# CO2)
REQUESTED		Flares
REQUESTED		Flammable Liquids Pit Analysis
REQUESTED		Fuel Oil
REQUESTED		Smoke Machine (Includes 1 qt.)
REQUESTED		Additional Liquid Smoke
REQUESTED		Plywood
REQUESTED		Propane
REQUESTED		Forcible Entry Prop
REQUESTED		Excelsior
REQUESTED		Door/Window Dowels
OTHER	Please specify items and applicable amounts	



# Berks County Fire Training Center

895 Morgantown Road ♦ Reading, Pennsylvania 19607

## INSTRUCTIONS FOR COMPLETION

1. Training Dates and Times Requested: Provide the date (MM/DD/YYYY) and both the starting and anticipated ending time of the usage request.
2. Point of Contact Name: Please provide the primary person's point of contact requesting site usage.
3. Point of Contact Agency: Please provide the primary person's point of contact's agency requesting site usage.
4. Point of Contact Phone: Please provide the primary person's point of contact telephone number.
5. Description: Please provide a brief description of the equipment, services, and training that will be performed on site and an expected number of attendees. It is not necessary to include information if this information will be supplied in a burn plan.

## PAGE 2

Please indicate all buildings that will be needed for training. Reservations are made on a first come, first served basis (with burn plan approval, if applicable). Please select any training props that will be required for your simulation.

### Classroom Information

All upstairs classrooms (A-D) include audiovisual supplies, computer access, whiteboard and WiFi. The downstairs classroom (previously known as the Cafe, now identified as "E") is supplied with whiteboard and WiFi. Limited Audiovisual supplies available upon request.

Classroom A - 20 Students Maximum  
Classroom B - 30 Students Maximum  
Classroom C/D - 60 Students Maximum  
Classroom E - 60 Students Maximum

An Office of the Berks County Department of Emergency Services

Phone (610) 378-5509

[www.berksfiretraining.com](http://www.berksfiretraining.com)

Fax (610) 378-5568