



BERKS COUNTY FIRE TRAINING CENTER

BURN BUILDING TRAINING & REQUEST FORM

06/2023 v.2.1 / N/Fire Training/Burn Building Request Form

Organization Name:

Other Organization(s) to Attend

Accountability System in Place:

Organization OIC

Please check if performing a live burn:

Request Information:	
Name:	
Date:	
Start Time:	
Phone:	
Fax:	
Email:	

Billing Point of Contact:	
Name:	
Address Line 1	
Address Line 2	
City/State/Zip	
Phone	
Email:	

Medical Equipment:

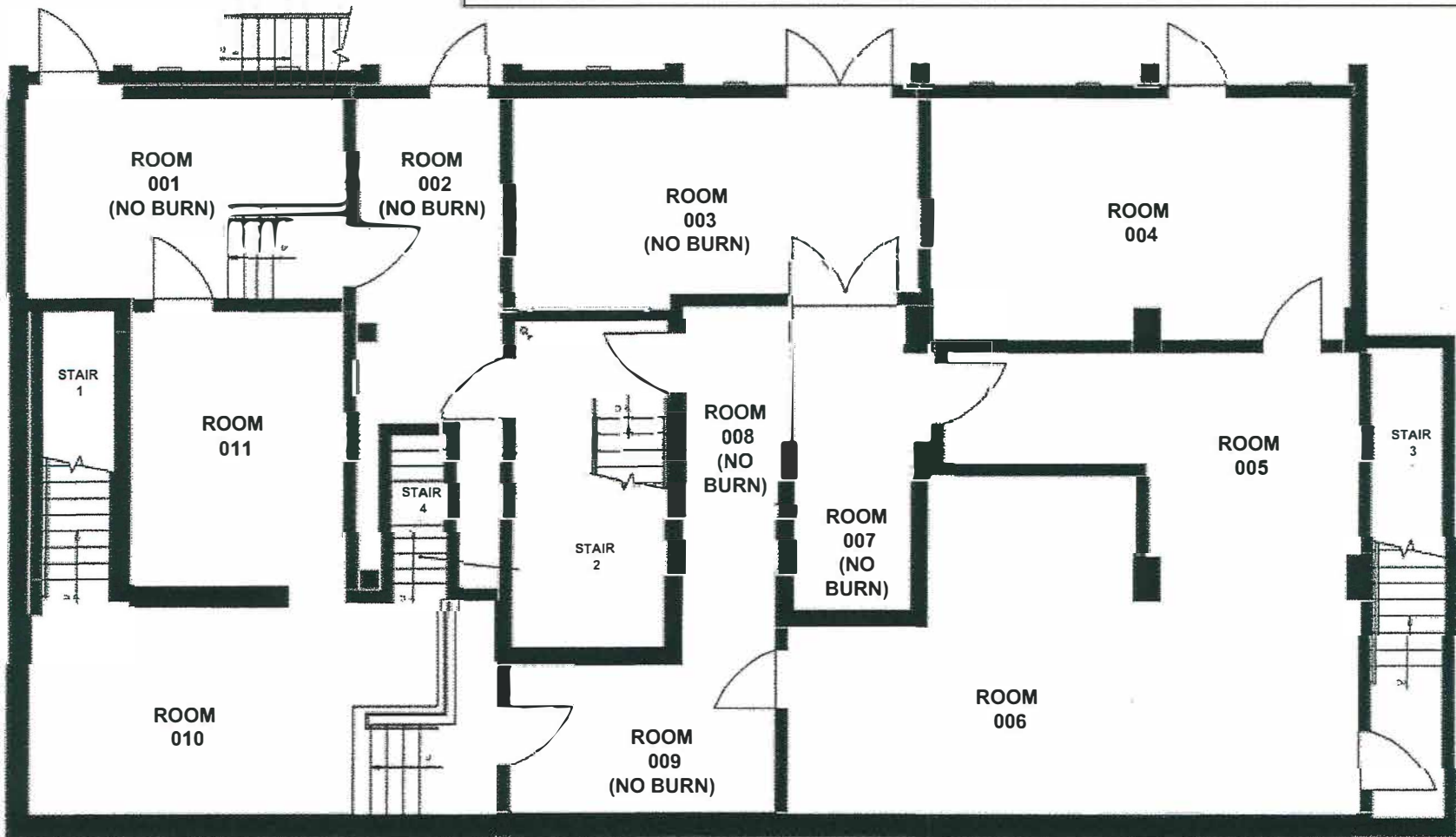
Reservation Confirmation (DES USE ONLY):	
Name:	
Date:	
Time:	

Approval Signature (FTC Use Only):

Burn Plan Electronic Submission Instructions
<ol style="list-style-type: none"> 1. On the attached site plan, indicate the number of evolutions to be completed per room. You do not need to complete information for rooms you do not intend to utilize. 2. In the "Comments" section of the burn plan, describe <u>in detail</u> the evolutions numerically, per floor, and per page. 3. Site reservation will only be confirmed upon approval of the supplied burn plan. 4. ANY BURN PLAN RECEIVED LESS THAN TWO WEEKS PRIOR TO THE BURN DATE WILL RESULT IN CANCELLATION OF THE BURN.

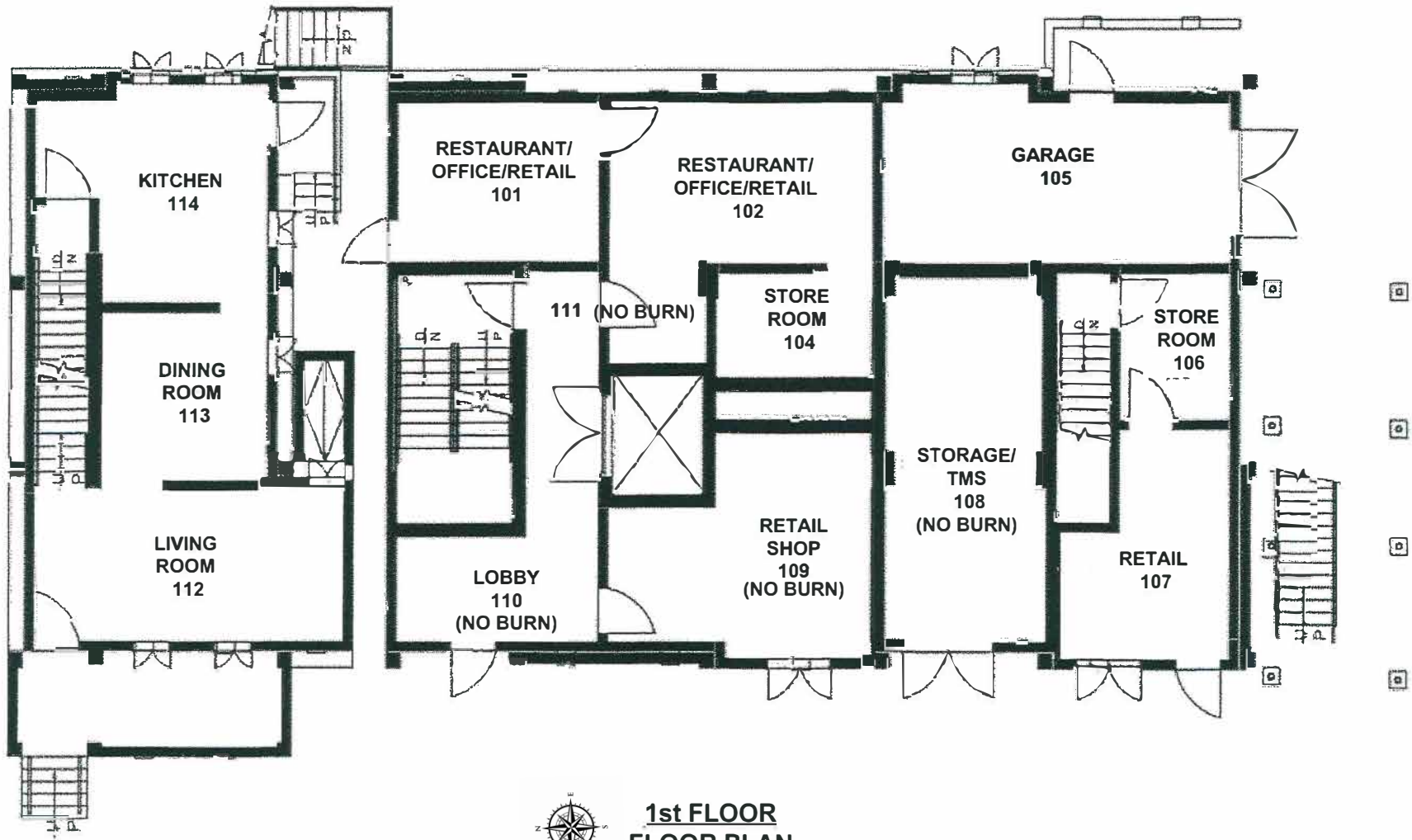
ALL BURN PLANS MUST BE SUBMITTED (14) FOURTEEN BUSINESS DAYS PRIOR TO USAGE AND APPROVAL

COMMENTS:



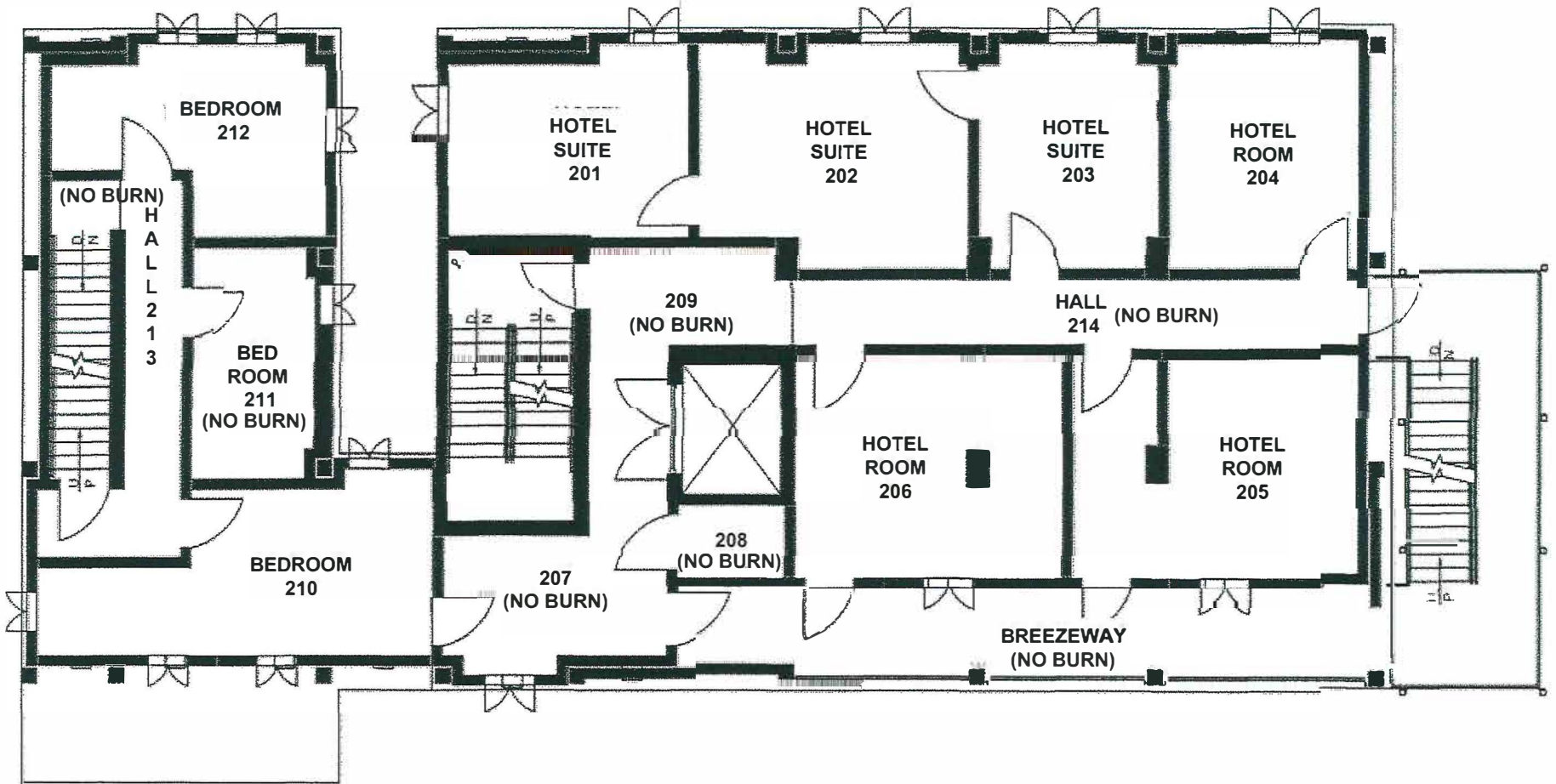
**BASEMENT
FLOOR PLAN**

COMMENTS:



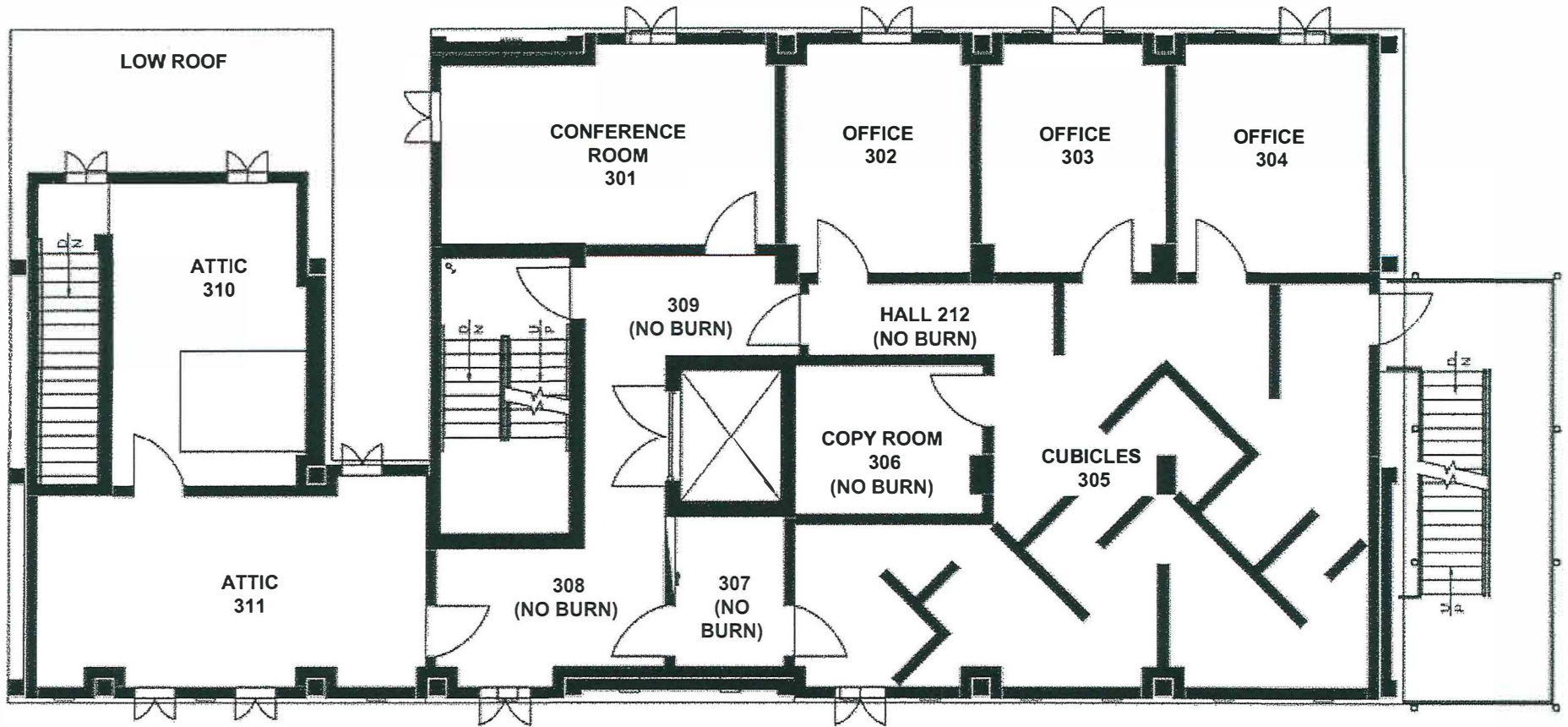
1st FLOOR
FLOOR PLAN

COMMENTS:



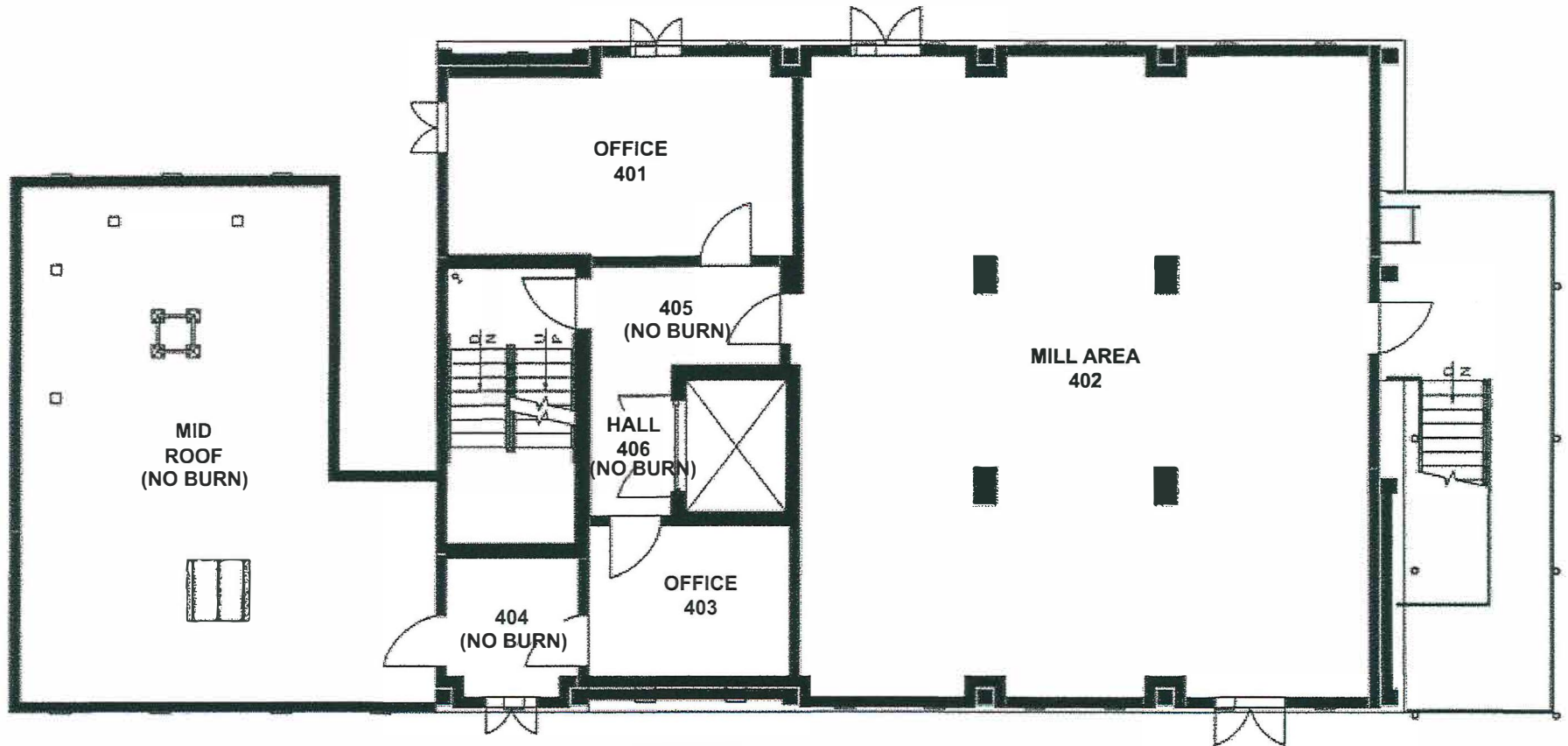
2nd FLOOR
FLOOR PLAN

COMMENTS:



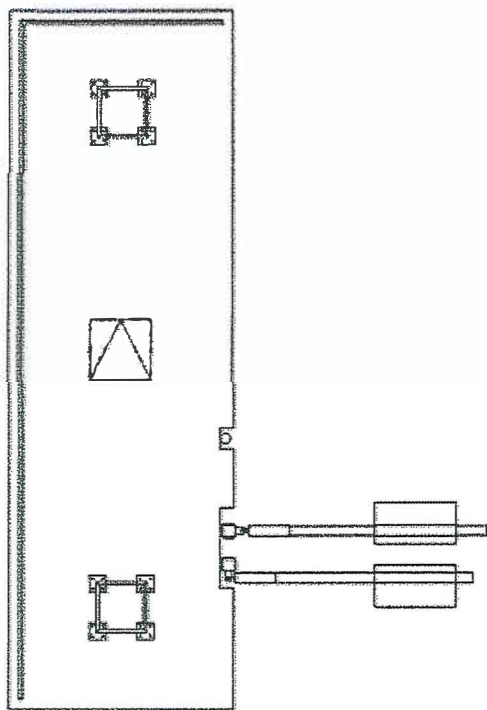
**3rd FLOOR
FLOOR PLAN**

COMMENTS:

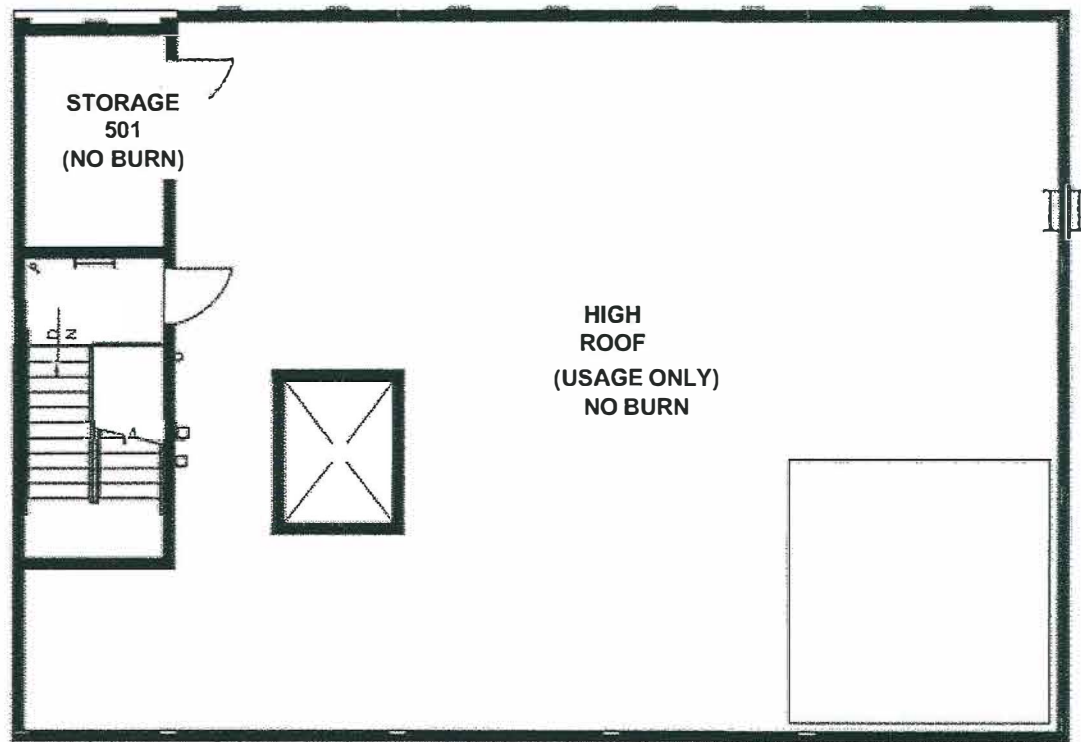


**4TH FLOOR
FLOOR PLAN**

COMMENTS:



PENTHOUSE FLOOR
PLAN



ROOF FLOOR
PLAN

EVOLUTION SUMMARIES

BASEMENT		1ST FLOOR		2ND FLOOR		3RD FLOOR		4TH FLOOR		5TH FLOOR	
004		101		201		301		401		Highroof Usage (No Burn)	
006		102		202		302		402		Submitter Signature:	
010		104		203		303		403			
011		105		204		304					
		107		205		305					
		112		206		310					
		113		210		311					
		114		212							

Alternative Delivery - Fax: (610) 378-5568



Berks County Fire Training Center

895 Morgantown Road ♦ Reading, Pennsylvania 19607

INSTRUCTIONS FOR COMPLETION

1. Organization Name: Provide the name of the organization representing the individual that is submitting the form.
2. Request Information Name: Provide the first and last name of the individual submitting the form.
3. Request Information Date: Provide the date (MM/DD/YYYY) of the requested date for the training to be held.
4. Request Information Time: Provide the time (HH:MM) of the starting time of the requested date for the training to be held.
5. Request Information Phone: Please provide a phone number the requester can be reached.
6. Request Information Fax: Provide a fax number (if available) the requester can be reached.
7. Request Information Email: Provide an email address the requester can be reached.
8. Other Organizations to Attend: Provide the names of any other organizations that will participate with the hosted training. If an out of county organization, please also indicate the County of origin.
9. Billing Point of Contact Name: Provide the name of the organization/individual that will be accepted financial responsibility for any/all charges.
10. Billing Point of Contact Address Line 1/Line 2: Provide the mailing address of the organization/individual that will be accepting financial responsibility for any/all charges.
11. Billing Point of Contact City/State/Zip: Provide the mailing address' city, state, and zip code of the mailing address of the organization/individual that will be accepting financial responsibility for any/all charges.
12. Billing Point of Contact Phone: Provide the primary phone number of the organization/individual that will be accepting financial responsibility for any/all charges.
13. Billing Point of Contact Email: Provide the email address or the organization/individual that will be accepting financial responsibility for any/all charges.
14. Accountability: Indicate who will be maintaining personnel and equipment accountability during the exercise.
15. Medical Equipment: Indicate whether the organization will provide medical/rehabilitation services to participants or if the organization has contracted with an ambulance provider to furnish.
16. Event OIC: Indicate the event's primary officer in charge of the training plan.

PAGES 3-7

Pages 3-7 contact floor plans for all levels of the burn building. For each room selected, indicate the number of evolutions you expect to complete for each room. In the "Comments" section of each page, indicate the expectations with the exercise such as the number of injured individuals, any props needed, or any other pertinent information that should be conveyed to the facilitators.

Page 8

This is a summary page that condenses information supplied on pages 3-7.

1. Submitter Signature: Electronic or printed signature of the individual submitting the burn plan for review.
2. EMAIL TO FTC: Button for a hyperlink that will prompt saving of the document and attaching to an email for submission to Fire Training Center personnel.
3. Approval Signature: (FTC Staff Use Only)

An Office of the Berks County Department of Emergency Services