



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

REQUEST FOR FIRE TRAINING OFFSITE LOCATION

CHARTER INSTITUTION		CHARTER #	
ADDRESS			
CITY	STATE	ZIP	COUNTY
Offsite request pertains to the following training levels; (Check all that apply) <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Firefighter I Transition <input type="checkbox"/> Firefighter I <input type="checkbox"/> Firefighter II Transition <input type="checkbox"/> Firefighter I & II <input type="checkbox"/> Hazard Recognition Officer <input type="checkbox"/> Fire Safety Inspector <input type="checkbox"/> Fire Safety Inspector Instructor <input type="checkbox"/> Assistant Fire Instructor <input type="checkbox"/> Fire Instructor <input type="checkbox"/> Live Fire Instructor			
DESCRIBE TRAINING TO BE CONDUCTED OFFSITE			
LOCATION OF OFFSITE TRAINING			
ADDRESS			
CITY	STATE	ZIP	COUNTY
CONTACT NAME	TELEPHONE	E-MAIL	

An NFPA compliant burn facility is required for all training requiring live fire evolutions.

1403 BURN FACILITY SITE	
1403 SITE ADDRESS AND COUNTY	
SITE PHONE NUMBER	DATE OF LAST INSPECTION*

***All 1403 burn facilities are required to have passed an engineering inspection in the last 5 years.**

All courses shall be conducted in accordance with the requirements set forth in chapter 4765-24 of the Ohio Administrative Code (O.A.C.).

PROGRAM DIRECTOR NAME	TELEPHONE #
EXECUTIVE DIRECTOR SIGNATURE OF APPROVAL X	DATE

Please E-MAIL To: FireEducation@dps.ohio.gov