



Animas Fire & Rescue Department  
PO Box 409  
Animas, NM 88020  
575-548-2323  
[www.animafire.com](http://www.animafire.com)

## Live Burn Plan

Burn Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

Training Date: \_\_\_\_\_

Instructor-in-charge: \_\_\_\_\_

## Live Burn Document Checklist

- Proof of Clear Title
- Owners Release to Damage or Burn Structure
- Building Use Agreement
- Site Map & Floor Plans (201)
- Goals & Objectives (202)
- Organizational Chart (203)
- Personnel Assignments & Instructions (204)
- Communication Plan (205)
- Medical Plan (206)
- Safety Analysis & Plan (215)
- Site Inspection Planning & Equipment Checklist
- Quick Access Pre-Fire Plan
- Assignment Form
- Summary of Activities Conducted at Drill
- First Report of Injury
- First Report of Un-Safe Act
- Notice to Adjacent Property Owners
- Gas Utility Department Notice
- Electric Utility Department Notice
- Water Department Notice
- Local/Regional Law Enforcement Notice
- Fire Department Liability Insurance Coverage
- Fire Department Participant Training Verification Form
- Completion of Live Burn Training – Transfer of Property to Fire Dept or Designee
- Transfer of Authority of Property Back to Owner
- DNR Permit
- PCA Notification of Intent to Perform a Demolition

## **PROOF OF CLEAR TITLE**

REMEMBER TO GET PROOF OF CLEAR TITLE AND INSURANCE CANCELLATION DOCUMENTS FROM OWNER OR AGENT.

THIS MAY BE DOCUMENTATION FROM COUNTY RECORDER OR TAX OFFICE

**Owners Release to Damage or Burn Structure**

Having agreed with the building official, \_\_\_\_\_ City or  
County of \_\_\_\_\_, that a structure owned by  
\_\_\_\_\_ and located at the following:

Owner

County: \_\_\_\_\_

Township: \_\_\_\_\_

Fire District: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

Is under condemnation or unfit for human habitation and is beyond rehabilitation. I further agree that the structure should be used by the fire service for training as they see fit. In order that demolition may be accomplished, I give my consent to the City/County of \_\_\_\_\_ to use or demolish the said structure by burning or other means.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Instructors Representative

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT OF BUILDING USE AGREEMENT & POST-BURN/USE  
PROPERTY CONDITION**

**AGREEMENT:**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, an agreement is made between;  
Animas Volunteer Fire & Rescue Department, hereinafter called “Fire Department”; and  
\_\_\_\_\_ (Insert the name of the  
entity/organization supervising the activity if other than the local fire department), hereinafter  
called “Entity”;  
\_\_\_\_\_ (Insert the name(s) or owner(s) of the  
building/property to be damaged or destroyed) hereinafter called “Owner”.

**WITNESS:**

\_\_\_\_\_  
\_\_\_\_\_

WHEREAS, the Fire Department desires to further the training of its firefighters by  
conducting fire training exercises involving the controlled burning within a  
structure or other fire training activities.  
WHEREAS, the Owner acknowledges benefits received in the possible donation of the  
structure and further, the enhancement of fire protection services.  
WHEREAS, The Owner has requested the use/destruction of the structure located at

\_\_\_\_\_  
\_\_\_\_\_

*(Include street address, municipality, county and state; or legal description of the property obtained from the county clerk or assessor).*

A visual description of the structure(s) to be used/destruction is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREAS, the building to be used/destroyed as identified in the above paragraph will be  
referred to herein as “the structure”; now therefore:

IT IS MUTUALLY AGREED BY THE PARTIES AS FOLLOWS:

1. The Fire Department and the Entity propose to damage or destroy the structure during the week of \_\_\_\_\_ to \_\_\_\_\_. The actual date of the training will depend upon factors such as availability of personnel, equipment, and weather conditions.
2. The Owner agrees to indemnify the Fire Department and the \_\_\_\_\_ (agent/instructors), and Entity from any liability arising out of the lack of clear title to the authority to have the structure destroyed and/or the Owner's lack of clear title to the building/property.
3. The owner agrees to indemnify the Fire Department from any liability arising out of any claim of injury from a person who is not a member of any fire department or of the Fire Department in connection with the destruction of the structure.
4. The Owner agrees to indemnify the \_\_\_\_\_ (agents/instructors), or entity from any liability arising out of any claim of injury from any person in connection with the destruction of the structure.
5. The Owner assumes all liability for securing the structure during the term of this agreement, and further, the Owner agrees to comply with all applicable ordinances and regulations of the county and state with respect to removal of debris and the making safe of the site at the conclusion of the Fire Department's and the \_\_\_\_\_ (agents/instructors) destruction activities.
6. The Owner assumes all responsibility for the cancellation of insurance and for the disconnection of all utility services, including but not limited to gas, electric, water, telephone, television cables and antennas, for removal of fuel oil, other hazardous substances and conditions, removal of any fixtures, items or equipment the Owner wishes to preserve prior to any destruction activities pursuant to the agreement. **If the Owner has not completed these takes at least twenty-four (24) hours before the first possible training date, the Owner shall immediately notify the following persons of this fact.**
7. The post-training condition of the structure will be the responsibility of the Owner. The intent is to use the structure and/or demolish sections or all of the structure in training sessions. In most cases the ash, basement walls, foundation, metal debris and any other items will remain in the lowest level or close proximity. Removal/disposal of these materials shall be the responsibility of the Owner at the Owner's expense. If at any time during the training session the Instructor-In-Charge deems it necessary to extinguish the fire, the remains will be the responsibility of the Owner.

Chief: \_\_\_\_\_  
Name Address Phone

Owner(s): \_\_\_\_\_  
Name Address Phone

**Notary:** State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me by \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Site Map / Current Conditions  
(201)

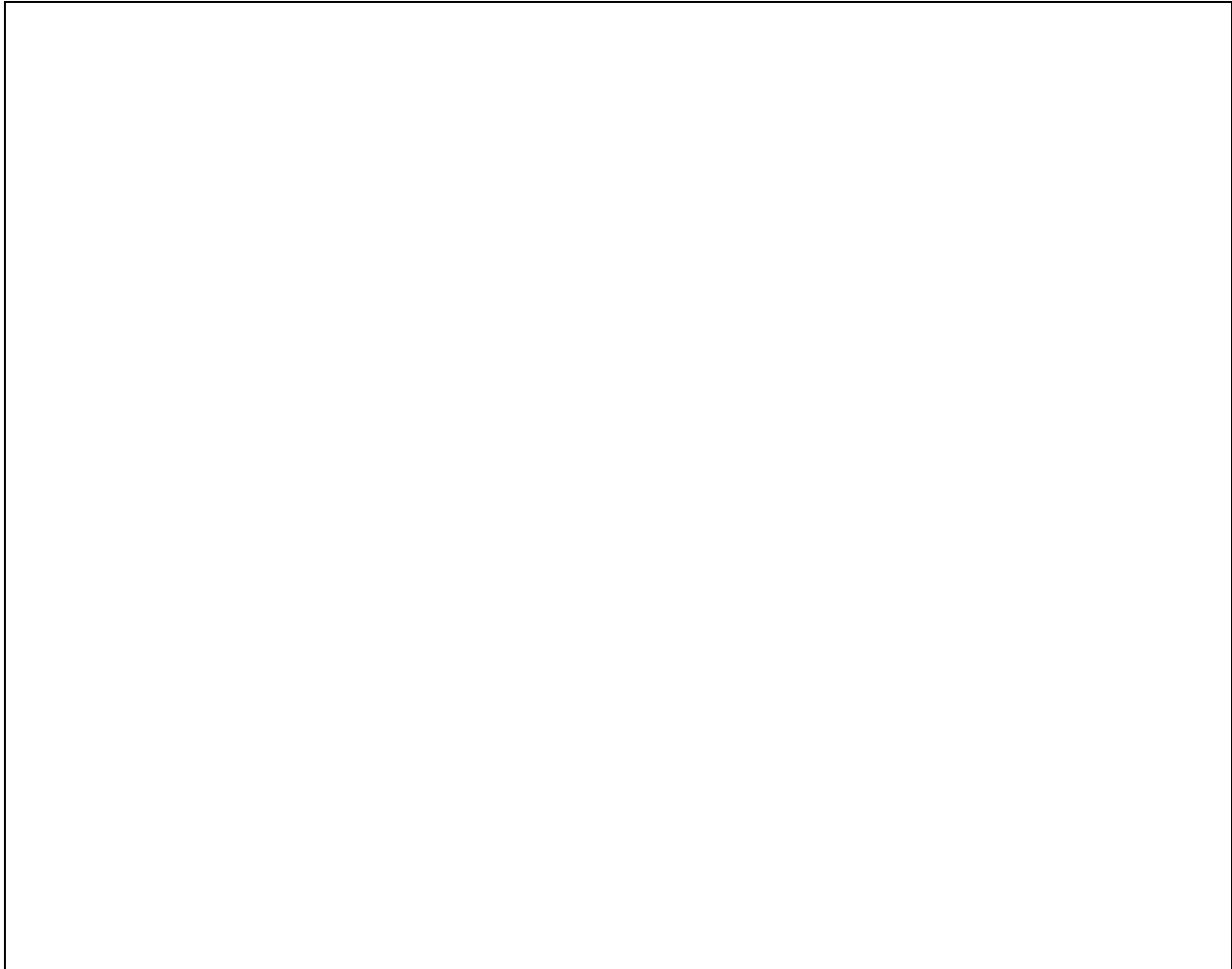
Date: \_\_\_\_\_ Address: \_\_\_\_\_

Site Map:

- Building Outline
- Property Lines
- Roads/Accesses
- Exposures, Utilities
- Septic Tanks
- Operational Control Areas
- Water Sources
- Site Hazards
- Support Locations
- Parking Lots

Structure Drawing:

- Building Size
- Construction Type
- Floor Plan
- Exits
- Windows
- Ventilation Points
- Fire Set Locations



Prepared By: \_\_\_\_\_

Goal & Objectives / General Operational Orders (checklist)  
(202)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Goals & Objectives:

Types of fires:

- Fire Behavior
- Basic Fire Attack
- Advanced Engine Company Operations
- Victims
- Burn to ground

Number of students: \_\_\_\_\_ and evolutions: \_\_\_\_\_

General Operational Orders:

Fires:

- Set location and burn order
- Set size and combustible materials
- Ignition process / procedures

Accountability Plan:

- Riding List
- PASSPORT
- When are PARS done
- Instructor and student rotation plan
- Water supply/pumper information
- Rehab and evolution debrief procedure
- Review of site map with staff including support area locations

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_



Organizational Chart  
(203)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Operations Staff:

- Instructor-In-Charge
  - Deputy
- Safety Officer
  - Assistants
  - Ignition Personnel
- Functional Instructors
  - Attack Line
  - Backup Line
  - RIT
  - Outside Vent Team
  - Other
- Engine/Pumper Operations

Support Staff:

- EMS
- Rehab
- SCBA Service
- Staging
- On-Deck
- Other

Prepared by: \_\_\_\_\_

## Personnel Assignments / Instructions (204)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Instructor-in-charge: \_\_\_\_\_

- Overall site and operational controls and management
- Assure adherence to burn plan and/or modify as conditions require
- Provide for safety of all participants

Safety Officer: \_\_\_\_\_

- Provide for and assure overall site safety
- Enforce all safety rules and processes
- Directly supervise and monitor fire sets and the ignition personnel
- Monitor conditions continuously and make changes or stop operations if needed
- Conduct building walk-through for staff and students

Ignition Personnel: \_\_\_\_\_

- Assist building fire sets
- Under supervision of Safety Officer, light fire sets
- When lighting, work in pairs with hose line in place
- Use only fuels and ignition devices provided
- Monitor conditions and participants at all times and report discrepancies to Safety Officer
- Assist as directed by Instructor-In-Charge or Safety Officer

Control Team: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

- Monitor assigned students at all times
- Assure accountability
- Provide student instruction in accordance with goals and objectives
- Assure students are wearing PPE correctly
- Have no more than 5 students assigned
- Understand the burn plan, including ignition procedures
- Assure students are in proper position and ready for each evolution
- May rotate from backup line to attack line, etc. and understand particular expectations of all
- Understand RIT procedures and staffing
- Provide student debriefing
- Monitor conditions at all times and report discrepancies to Instructor-In-Charge, Safety Officer, and/or take immediate actions as necessary
- Control all fires so flashover/backdraft conditions do not occur

## Personnel Assignments / Instructions (204)

### Water Supply / Engine Operators:

- Understand burn plan and order of operations – especially ignition procedures
- Assure water supply is maintained
- Always have booster tank full in case of emergency
- Report any water supply problems immediately via radio to the Instructor-In-Charge

### Support Personnel: \_\_\_\_\_

- EMS
- Rehab
- SCBA Service
- Staging on-deck
- Others as needed

Prepared By: \_\_\_\_\_

Communication Plan  
(205)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

<u>Personnel</u>	<u>Radio Channel Assigned</u>
Instructor-In-Charge	_____
Fire Control Team to Instructor-In-Charge	_____
Burn Instructors to Instructor-In-Charge	_____
Fire Department	_____
EMS	_____
Local PSAP for additional resources	
• Radio Channel	_____
• Phone Number	_____
Law Enforcement	_____
Public Works	_____
Other agencies as required	_____

Prepared by: \_\_\_\_\_

Medical Plan  
(206)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

On Scene EMS: \_\_\_\_\_

- Level of Service (Minimum BLS) \_\_\_\_\_
- Transport capabilities: Yes \_\_\_\_\_ No \_\_\_\_\_
- Location: \_\_\_\_\_
- How to contact: \_\_\_\_\_

Nearest Hospital: \_\_\_\_\_

- Location: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Travel time to: \_\_\_\_\_

Helicopter Service: \_\_\_\_\_

- Travel time to site: \_\_\_\_\_
- Contact information: \_\_\_\_\_
- Landing Zone location: \_\_\_\_\_
- Site GPS Coordinates: \_\_\_\_\_

Special Instructions:

Prepared by: \_\_\_\_\_

Safety Analysis and Plan (Checklist)  
(215)

Date: \_\_\_\_\_ Address: \_\_\_\_\_

General Safety Message

- Hazard zones and required PPE use
- Accountability Procedures
- Fuel loads/types/locations
- Keep fires at controllable size
- One fire at a time – no fires in exit ways
- Safety Line in place during ignition and for instructor interior use
- Ignition procedure
- Monitor all conditions and personnel for heat and other fire-related emergencies
- Stay hydrated

Specific Safety Procedures

- Building evacuation signal (demonstrated to all participants)
- Evacuation Rally Point
- Severe weather plan / shelter
- Specific site hazards

Building Walk Through

- With instructor staff
- With students and instructors
- Point out exits and ventilation points
- Final check of fuel loads and structural conditions

Prepared by: \_\_\_\_\_

## SITE INSPECTION PLANNING & EQUIPMENT CHECK LIST

Inspected on \_\_\_\_\_ 20\_\_ by: \_\_\_\_\_

The location of this training is: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Nearest Cross Rd: \_\_\_\_\_

Competed		Item/
Yes	No	Activity Description
		1. All permits, forms and notifications distributed
		2. Site plan drawing, including all exposures
		3. Building plan, including overall dimensions
		4. Floor plan detailing rooms, hallways, and exterior openings
		5. Proposed location of command post
		6. Proposed location of all apparatus
		7. Proposed position of all hose lines, including backup lines
		8. Proposed location of emergency escape routes
		9. Proposed location of emergency evacuation assembly location
		10. Proposed location of entrance and exit routes for emergency vehicles
		11. Inspect available water supply determined as per NFPA 1403 4.12 and 5.6
		12. Required fire flow determined as per NFPA 1403 4.12 and 5.6
		13. Required reserve flow determined (50% of required flow) 1403 4.12 and 5.6
		14. Apparatus pumping ability that exceeds the required fire flow
		15. Separate water supply established for attack and back-up lines
		16. Obtain projected and periodic weather conditions
		17. Proposed parking areas designated and marked for all vehicles
		18. Operations area established, and perimeter marked
		19. Communications frequencies established; equipment obtained
<b>BUILDING INSPECTION</b>		
		20. Building inspected for structural integrity
		21. All utilities located and identified
		22. Identify highly combustible interior wall and ceiling materials removed
		23. Identify all holes and walls patched or covered in rooms to be used
		24. Identify materials of exceptional weight, remove or seal off the area
		25. Windows checked and opened or closed as needed
		26. Doors checked and opened or closed as needed
		27. Building components checked; roof scuttles, sprinkler system, standpipes, etc.
		28. Identify chimneys and adequate ventilation holes for each separate enclosed rood area to be removed and pre-cut the day/night of the drill
		29. Identify stairways that to be made safe with railings
		30. Identify fuel tank tanks and water heaters to be removed or adequately removed
		31. Identify all containers of unknown or hazardous contents and they must be removed
		32. Identify unnecessary inside and outside debris removed, extraordinary exterior and interior hazards remedied

Yes	No	
		33. Porches and outside steps made safe
		34. Identify cisterns, wells, cesspools and other ground openings fenced, marked or filled
		35. Identify toxic weeds, hives, vermin, brush, surrounding vegetation to be removed
		36. Identify exposures – propane tanks, trees, buildings, utilities to be removed, protected
		37. Adequate roof ventilation holes cut for each section or area
<b>APPARATUS NEEDED FOR TYPICAL RESIDENTIAL HOUSE</b>		
		38. (2) Class A (1250gpm) or larger capable of meeting the required fire flow with 4.5” or larger hard suction tube. One engine for attack lines and one for backup lines
		39. Water tenders capable of meeting the supply needs if hydrants are not used
		40. (2) 2000 gallon portable drop tanks if water tenders are used
		41. (1) water source capable of supplying the required fire flow if not using hydrants
		42. (2) hydrants capable of supplying the required fire flow if tenders are not used
		43. (1) EMS unit for possible firefighter emergencies
		44. (1) SCBA air supply unit to refill SCBA
		45. (4) 1.5” or 1.75” nozzles
		46. (2) gated wyes – 1.5 x 1.5 x 2.5
		47. 600 feet of 1.5” hose; attack, exposure, instructor and backup lines
		48. 400 feet of 2.5” hose
<b>BURNABLE CLASS A FUELS &amp; BUILDING SUPPLIES FOR 30 STUDENTS</b>		
		49. (30) Bales of DRY oats, straw or hay or 12 bales (4 ft sq.) of DRY cardboard (the straw or cardboard MUST BE KEPT DRY!)
		50. (20) dry wood pallets
		51. (2) pitchforks
		52. (1) hammer and supply of 16 penny nails and spikes
		53. (10) extra glass storm windows, not necessary to fit tight on windows (optional)
		54. (8) 4x8 sheets of press board ¾” thick
		55. (1) propane torch for igniting fuels
<b>PERSONNEL &amp; REHAB SUPPLIES</b>		
		56. (1) source of fresh drinking water and cups
		57. (1) waste container for cups
		58. (1) meal for each person at the drill (for drills lasting more than 4 hours)
		59. (1) flashlight for each student as they enter the structure
		60. (4) qualified interior structural or prop burn instructors



## QUICK ACCESS PRE-FIRE PLAN

Building Address:		Evaluator:		
		Date:		
Building Description:				
Roof Construction:				
Floor Construction:				
Occupancy Type: CCN = Type I, II, III, IV, V OHCN = 3, 4, 5, 6, 7		Initial Response Required:		
		Estimated Fire Flow Length x Width Exposures = 25% _____ x (floors) GPM per floor Of Total Flow per Exposure		
Level of Involvement	25%	50%	75%	100%
Estimated Fire Flow (1)				
Attached Bldg. Fire Flow (2)				
Fire Behavior Prediction:				Total
Predicted Strategies				
Problems Anticipated:				
Standpipe: Y or N Control Location:		Sprinklers: Y or N Control Location:		Fire Detection: Y or N Control Location:

Length X Width

1.  $\frac{\text{-----} \times \text{-----}}{3} = \text{-----} \text{ GPM/Floor} \times \text{---} (\# \text{ Floors}) \text{-----} = \text{GPM}$

2.  $\frac{\text{-----} \times \text{-----}}{3} = \text{-----} \text{ GPM/Floor} \times \text{---} (\# \text{ Floors}) \text{-----} = \text{GPM}$

Total Gallons = \_\_\_\_\_ GPM

3. Exposure Side "A" (25% of total base 100% flow) = \_\_\_\_\_ GPM

4. Exposure Side "B" (25% of total base 100% flow) = \_\_\_\_\_ GPM

5. Exposure Side "C" (25% of total base 100% flow) = \_\_\_\_\_ GPM

6. Exposure Side "D" (25% of total base 100% flow) = \_\_\_\_\_ GPM

7. 100% involvement plus exposures potential = \_\_\_\_\_ GPM

## ASSIGNMENT FORM

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Wind Direction: \_\_\_\_\_ Wind Speed: \_\_\_\_\_ Sky: \_\_\_\_\_ Temp: \_\_\_\_\_

Safety Officer(s): \_\_\_\_\_

Instructor-In-Charge: \_\_\_\_\_

Team: _____	Time In/Out _____/____	Team: _____	Time In/Out _____/____	
		<u>Air Pressure</u>		
<b>Instr.</b>		<b>Instr.</b>		
1.		1.		
2.		2.		
3.		3.		
4.		4.		
5.		5.		

Team: _____	Time In/Out _____/____	Team: _____	Time In/Out _____/____	
		<u>Air Pressure</u>		
<b>Instr.</b>		<b>Instr.</b>		
1.		1.		
2.		2.		
3.		3.		
4.		4.		
5.		5.		

Team: _____	Time In/Out ____/____	Team: _____	Time In/Out ____/____
	<u>Air Pressure</u>		<u>Air Pressure</u>
Instr.		Instr.	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Team: _____	Time In/Out ____/____	Team: _____	Time In/Out ____/____
	<u>Air Pressure</u>		<u>Air Pressure</u>
Instr.		Instr.	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Team: _____	Time In/Out ____/____	Team: _____	Time In/Out ____/____
	<u>Air Pressure</u>		<u>Air Pressure</u>
Instr.		Instr.	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

SUMMARY OF ACTIVITIES CONDUCTED AT DRILL – KEEP ON FILE

Accounting of activities concluded: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unusual conditions encountered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes or deterioration in the structure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any injuries or treatment rendered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## FIRST REPORT OF INJURY

Class: \_\_\_\_\_

Instructor: \_\_\_\_\_

Name of Injured: \_\_\_\_\_

Department: \_\_\_\_\_

Injured parties age: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time: \_\_\_\_\_

Lost time from class? Yes No

### DETAILS OF ACCIDENT

(This information is for use in preventing similar accidents. Please answer all questions.)

1. What task was the injured performing?

\_\_\_\_\_  
\_\_\_\_\_

2. How was the injured party injured?

\_\_\_\_\_  
\_\_\_\_\_

3. What did the injured do unsafely?

\_\_\_\_\_  
\_\_\_\_\_

4. What equipment was defective or failed?

\_\_\_\_\_  
\_\_\_\_\_

5. What steps should be taken to prevent similar injuries?

\_\_\_\_\_  
\_\_\_\_\_

6. Was accident reported immediately? Yes or No If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Did the student require medical attention as a result of this injury? Yes or No

If yes, give name and address of transportation unit, medic, doctor and/or hospital.

\_\_\_\_\_  
\_\_\_\_\_

FIRST REPORT OF UN-SAFE ACT

Class: \_\_\_\_\_

Instructor: \_\_\_\_\_

Name of Injured: \_\_\_\_\_

Department: \_\_\_\_\_

Injured parties age: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time: \_\_\_\_\_

Lost time from class? Yes No

DETAILS OF ACCIDENT

(This information is for use in preventing similar accidents. Please answer all questions.)

1. What task was the student performing?

\_\_\_\_\_  
\_\_\_\_\_

2. How was the student being supervised?

\_\_\_\_\_  
\_\_\_\_\_

3. What did the student or instructor do unsafely?

\_\_\_\_\_  
\_\_\_\_\_

4. What equipment was being used?

\_\_\_\_\_  
\_\_\_\_\_

5. What steps should be taken to prevent similar injuries?

\_\_\_\_\_  
\_\_\_\_\_

6. Was the unsafe act brought to the attention of the instructor immediately? Yes or No  
If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Would this incident have resulted in an injury? Yes or No  
If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_

NOTICE TO ADJACENT PROPERTY OWNERS

A MINIMUM OF THREE DAYS ADVANCE NOTICE OR AS SOON AS POSSIBLE

On \_\_\_\_\_, 20\_\_\_\_ the Animas Volunteer Fire & Rescue Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

We are informing you of this training session so that you will not be surprised when you see the Fire Department working in your area on this date.

This will be a great opportunity for you to see your fire department at work, practicing techniques and skills to better protect you and your property.

We would like to remind you to take appropriate action to protect your car, laundry, if outside and other items that may come in contact with smoke or other particles. We would also like to remind you to keep your windows closed if you smell smoke in your area.

If you are not going to be at your residence or property at the time of the training session, please remember to make arrangements to have your windows closed and notify the Fire Department of a phone number where you can be reached.

Thank you for your continued support and cooperation.

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

Fire Department \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

GAS UTILITIES DEPARTMENT NOTICE

On \_\_\_\_\_, 20\_\_\_\_ the Animas Volunteer Fire & Rescue Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

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

Fire Department \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_



ELECTIC UTILITIES DEPARTMENT NOTICE

On \_\_\_\_\_, 20\_\_\_\_ the Animas Volunteer Fire & Rescue Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

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

Fire Department \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

WATER UTILITIES DEPARTMENT NOTICE

On \_\_\_\_\_, 20\_\_\_\_ the Animas Volunteer Fire & Rescue Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

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

Fire Department \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

LOCAL/REGIONAL LAW ENFORCEMENT NOTICE

On \_\_\_\_\_, 20\_\_\_\_ the Animas Volunteer Fire & Rescue Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

Please bring this to the attention of your officers. We may need traffic control if the location warrants it.

Thank you for your continued cooperation.

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

Fire Department \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

LOCAL/REGIONAL DISPATCH CENTER NOTICE

On \_\_\_\_\_, 20\_\_\_\_ the Animas Volunteer Fire & Rescue Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

Please bring this to the attention of your dispatchers.

We would also like to be notified of any reported smoke or fire in the area which we are operating from. You may receive reports of a fire by locals. Do not page the smoke/fire report until you call us by radio or telephone first to confirm the location of the reported fire.

Thank you for your continued cooperation.

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

Fire Department \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPANT TRAINING VERIFICATION FORM**

Per the 2018 edition of NFPA 1403 *Standard on Live Fire Training Evolutions*, 4.3.1 Required Minimum Training, prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the minimum job performance requirements for Fire Fighter I of the NFPA 1001, *Standard for Fire Fighter Professional Qualifications*.

In addition, prior to being permitted to participate in live fire training evolutions, all participants shall have received training to meet the requirements in accordance with the 2018 edition of the NFPA 1403 *Standard on Live Fire Training Evolutions*, 4.3.2 Perquisites for Live Fire Training Participants.

**PLEASE PRINT NAME**

**PLEASE PRINT NAME**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

As Fire Chief of \_\_\_\_\_ Fire Department, I verify that the students listed above are physically fit and have met the education requirements stated above. I also do hereby authorize the above individuals to participate in the training session.

\_\_\_\_\_  
Training By Whom Date

\_\_\_\_\_  
Signed Printed Date

COMPLETION OF LIVE BURN TRAINING  
TRANSFER OF PROPERTY TO FIRE CHIEF/DESIGNEE

On \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ hours, the Instructor-In-Charge has officially completed the training session and the property will become the responsibility of the local fire department.

Property Location:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

It is the responsibility of the Fire Chief or his/her designee to watch for unsafe fire conditions that may require additional resources. \_\_\_\_\_ Agents/Instructors Representative waives any liability arising from property damage, personal injury, etc. in connection with the destruction of the structure.

\_\_\_\_\_  
(Print) Instructor-in-charge

\_\_\_\_\_  
(Signature) Instructor-in-charge

\_\_\_\_\_  
(Print) Fire Chief / Designee

\_\_\_\_\_  
(Signature) Fire Chief / Designee

TRANSFER OF AUTHORITY OF THE PROPERTY BACK TO THE OWNER

*Owners Copy*

On \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ hours, the Animas Fire & Rescue Department has turned the property back over to the owner or the owner’s agent. The training session has been completed and the property will become the responsibility of the owner or agent representing the owner. The location of this property is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ NM, Zip \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Road: \_\_\_\_\_

It will be your responsibility to watch for any unsafe fire conditions that may require the return of the fire department to the property. If this happens, please notify the fire department immediately by the 9-1-1 telephone system.

It will be your responsibility to secure people and pets from coming in contact with the remains and the hole in the ground or any unsafe conditions that may harm them in any way.

Thank you for your cooperation.

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

Animas Fire & Rescue Department

Phone 575-548-2323

Fax 800-883-1523

Date: \_\_\_\_\_

I acknowledge that I am the owner of the property described as follows:

\_\_\_\_\_  
And that the fire department has returned my property to me in a manner that was agreed upon prior to fire training. I understand that I am once again responsible for my property and the proper disposal of the remaining structure.

Owner: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Date: \_\_\_\_\_