

# Training Safety Plan

Drill Date: \_\_\_\_\_ Time: \_\_\_\_\_ Est. Duration: \_\_\_\_\_

Drill Location: \_\_\_\_\_ Instructor in Charge: \_\_\_\_\_

**Type of Training:** *(check all that apply)*

<input type="checkbox"/>	Fire Suppression	<input type="checkbox"/>	Firefighter Survival	<input type="checkbox"/>	Technical Rescue
<input type="checkbox"/>	Haz Mat/WMD	<input type="checkbox"/>	Vehicle / Machinery Extrication	<input type="checkbox"/>	Water/Dive Rescue
<input type="checkbox"/>	Live Fire Training	<input type="checkbox"/>	Other Acquired Structure Training	<input type="checkbox"/>	Physical Fitness Activity
<input type="checkbox"/>	Driver Training	<input type="checkbox"/>	Apparatus Operations	<input type="checkbox"/>	Aerial Ladder Operations
<input type="checkbox"/>	Company Evolution	<input type="checkbox"/>	Multi-Company Evolution	<input type="checkbox"/>	Tools & Equipment
<input type="checkbox"/>	Other:				

**Drill Risk Assessment:**

- High: Potential for severe injury exists during this evolution if an individual act, omissions or failure to follow directions of instructors occurs.
- Medium: Most hazards can be mitigated and a reduced potential for injury when an individual complies with stated objectives and use of all designated PPE and following instructor directions.
- Low: Minimal potential for injury exists for participants who follow all established instructions and directions.

**Maximum Student/Instructor Ratio:** \_\_\_\_ to \_\_\_\_

**Safety Officer Needed:** \_\_\_\_\_  
(Required on High Risk Drills)

**Drill Objective(s):** *(List all training objectives)*

**Narrative Description of Training:** *(e.g. extricate victim from vehicle, victim search in limited visibility)*

**PPE/Equipment Required for Each Participant:** *(check all that apply)* INSPECTION REQUIRED BEFORE USE\*

<input type="checkbox"/>	Helmet <i>(Type):</i>	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Eye or Hearing Protection	<input type="checkbox"/>	Personal Flotation Device
<input type="checkbox"/>	Gloves <i>(Type):</i>	<input type="checkbox"/>	Buoyancy Compensator
<input type="checkbox"/>	Turnout Coat	<input type="checkbox"/>	Mask/Snorkel/Fins
<input type="checkbox"/>	Turnout Pants	<input type="checkbox"/>	SCUBA
<input type="checkbox"/>	Hood	<input type="checkbox"/>	Other Resp. Protection <i>(Type):</i>
<input type="checkbox"/>	Safety Boots	<input type="checkbox"/>	HazMat CPC <i>(Type):</i>
<input type="checkbox"/>	SCBA	<input type="checkbox"/>	
<input type="checkbox"/>	Other <i>(Specify):</i>		

# Training Safety Plan

## Instructor PPE Requirements:

<input type="checkbox"/>	SCBA	<input type="checkbox"/>	Full PPE	<input type="checkbox"/>	Helmet	<input type="checkbox"/>	Eye Prot	<input type="checkbox"/>	Filter Mask	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Lights	<input type="checkbox"/>	High Visibility Vest	<input type="checkbox"/>		<input type="checkbox"/>	

## Department Related SOPs or Technical References: *(list number & name)*


## Hazards & Control Measures: *(check all Hazards AND write in control measure)*

	Atmospheric <i>(smoke, dust, low oxygen, etc.):</i>	
	Combustible/Flammable Environment:	
	Confined Space:	
	Electrical:	
	Elevation:	
	Hazardous Substances <i>(asbestos, chemicals, etc.):</i>	
	Lifting or Moving Heavy Weights	
	Nighttime conditions:	
	Pressurized Equipment or Vessels	
	Sewage/Septic:	
	Sharp Edges/ Objects:	
	Structural:	
	Terrain:	
	Tool Operations:	
	Traffic:	
	Water:	
	Weather:	

# Training Safety Plan

## Accountability: *(check all that apply)*

Buddy System	Other:
Visual Contact Between Participants'	
Passport or Other	
S / D / G Control	

## In Case of Emergency: *(check all that apply)*

Code or Signal Used:	
RIT Assigned:	
ALS Standby:	

## Communications:

Radio/Primary Frequency:	
Radio/Secondary Frequency:	
Hand Signals	
Rope Line	
Lights	
Other:	

## Resources Assigned: *(check all that apply AND fill in designated unit# or name)*

Battalion Chief(s):	
Rehab Officer/Area:	
Rescue Unit(s):	
Safety Officer:	
Specialty Unit(s):	
Suppression Unit(s):	
Other Resources/Equipment:	

# Training Safety Plan

## Job Safety Analysis

1. Identify level of required PPE for each participant.
2. List basic steps required to safely complete evolution.
3. Identify potential accidents or hazards.
4. Describe recommended safe procedures for each potential hazard or accident identified.
5. Major components (RED) of Training Safety Plan must be reviewed with participants prior to beginning drill.

**Safety Planning Notes or Attachments:** *(Site Plan, Drawings Etc.)*

**Lead Instructor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed By (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_