

SFRT Area 14
180 Oak Leaf Ln, Building 4
Somerset, KY 42503



(606) 676-2711
sfrtarea14.com

June 8, 2021

Greetings:

I am pleased to be reaching out to you in reference to training for the upcoming fiscal year. While the last year has certainly been a challenge for all of us, hopefully we have begun to emerge from the Covid pandemic that changed so much of the way we operate. As most of you know, we were able to resume in-person training over the last few months, which was a welcome change from the virtual delivery that we had been utilizing. As restrictions continue to be lifted, we fully expect our training to follow suit. Most of you are already aware of the SFRT regional changes, but we are happy to announce that Lincoln and Metcalf counties have been added to Area 14. We also welcomed Jessica Huff as the Area 14 Field Office Coordinator in August, and she has been an incredible asset to our region.

Enclosed with this letter you will find a training request that you can fill out and identify which topics you would like in your department. For the upcoming fiscal year, departments will be allotted twenty one (21) training hours, as most evening classes occur in increments of three hours. We encourage you to fill out these sheets and return them as soon as possible, so that we will have ample time to schedule the classes at the time you request. Failure to return the sheet does not deny your department training, but it does make it more difficult to accommodate your request since many departments train on the same night. Please include on the request sheets the time your training begins (including Eastern or Central Time Zone), so that information can be passed along to the Instructor.

There is also a contact information sheet provided. Please complete and return that sheet, even if you do not request any classes. We try to keep our department information up to date to better serve the departments of Area 14. We can use that information to not only contact you when we have a question, but to forward valuable information to you, especially by email.

Most classes will generally last for three hours, with some special topics being an exception. Please mark the topics you would like covered and let us know the night(s) your department trains. We will then contact you via email (preferred) when the classes are scheduled.

Thank you for your time and please do not hesitate to contact either myself or Jessica with any questions you may have. The email address listed below is now the most efficient way to contact us, as we will both receive the message. I look forward to hearing from you!

Area14@kctcs.edu

Thank you,

A handwritten signature in blue ink, appearing to read "Josh Whitis".

Josh Whitis



FD Name _____



2021 – 2022 FIRE DEPARTMENT TRAINING REQUEST STATE FIRE/RESCUE TRAINING AREA 14

Place an X in the left column next to the requested subject. Indicate the number of hours requested for each subject in the right column.

A-0000	_____	Admin & Organization	_____
B-0000	_____	Safety	_____
C-0000	_____	Communications	_____
D-0000	_____	Fire Behavior	_____
E-0000	_____	Extinguishers	_____
F-0000	_____	Personal Protective Equipment	_____
G-0000	_____	Forcible Entry	_____
H-0000	_____	Ventilation	_____
I-0000	_____	Ropes	_____
J-0000	_____	Ladders	_____
K-0000	_____	Fire Hose/Nozzles/Appliances	_____
L-0000	_____	Foam	_____
M-0000	_____	Fire Control	_____
N-0000	_____	Loss Control	_____
O-0000	_____	Victim Search and Rescue	_____
Q-0001	_____	Vehicle Extrication	_____
R-0000	_____	Water Supply	_____
S-0000	_____	Fire Protection Systems	_____
U-0000	_____	Fire Prevention/Public Fire Ed	_____
V-0000	_____	Building Construction	_____
W-0000	_____	Aircraft	_____
X-0000	_____	Emergency Disaster Planning	_____
Y-0000	_____	Cause & Origin Fire Investigation	_____
AA-0000	_____	Fire Officers Training	_____
FC10000	_____	Kentucky FF Survival	_____
FC20000	_____	Kentucky FF Rescue	_____
FC30000	_____	Kentucky Wildland Awareness	_____
FC40000	_____	Kentucky Flashover Recognition & Survival	_____



FD Name _____



ADDITIONAL TRAINING

Place an X on the line next to the requested subject. The number of hours will vary based upon the subject being taught.

Apparatus

- ___ Pump Maintenance
- ___ Pump Operations
- ___ Aerial Operations

Emergency Vehicle

- ___ Drivers Training (classroom)
- ___ Drivers Training (cone course)
- ___ Traffic Incident Management

Emergency Medical

- ___ CPR
- ___ First Aid

Hazardous Materials

- ___ HazMat Awareness
- ___ HazMat Operations

Rescue

- ___ Rope Rescue (High or Low Angle)
- ___ _____

NIMS

- ___ ICS 300 (twenty hours)
- ___ ICS 400 (sixteen hours)

Other:

- ___ hrs _____
- ___ hrs _____

SCHEDULING AND CONTACT INFORMATION

DEPT NAME _____

ADDRESS _____

Mailing Address

City

Zip Code

Physical Address of Fire Station (Location of Training and directions if possible – use back of sheet if needed)

Station Phone () _____ **Fax** () _____

Chief _____

Chief's phone number () _____ **Cell #** () _____

Chief's email address _____

Asst. Chief _____ **Cell #** () _____

Asst. Chief's email address _____

Training Officer _____ **Cell #** () _____

Training Officer's email address _____

Training night _____

Time – _____ **Time Zone**- _____

Specify what week (if needed) 1st 2nd 3rd 4th 5th Any

Month you would like to begin? _____

Please complete this form now so that we can prepare our schedule regardless of what month you choose to begin the training.

Chief's signature _____

Date _____

Please complete all information so that we will be able to update our records.

Please return this form even if you are not requesting training at this time.