

**MONMOUTH COUNTY FIRE ACADEMY
LIVE BURN PROTOCOL**

(This form is to be completed before any entry to the smokehouse /tower is made)
(Training roster list to indicate all firefighters that are certified for smokehouse entry)

Date: _____ Department: _____ County Station#: _____

Fire Academy Instructor(s): _____ Certification#: _____

_____ Certification#: _____

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Using: **New Smokehouse** _____ **Old Smokehouse** _____ **Other: (specify)** _____

Incident Commander: (print name) _____ (signature), _____

Rank: _____

Safety Officer: (print name) _____ (signature) _____

Fire Department Instructor in Charge: (Instructor shall be NJ Level II and Live Burn certified)

(print name) _____ (signature) _____ (Cert #) _____

Other Department Instructors:

(print name) _____ (Cert #) _____ (print name) _____ (Cert #) _____

of Juniors participating: _____ # of FF1 members who have NOT had Thermal Balance: _____ # of EMT's participating: _____

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Fireground Checklist:

- ___ Emergency Ventilation
- ___ Emergency Evacuation Alarm
- ___ Exits are accessible and operable
- ___ Adequate water supply (1 3/4" safety line)
- ___ Rubbish or excessive combustibles removed
- ___ **Only** straw or a smoke machine used
- ___ **Two-in / Two-out** procedures are in place

Participants Briefing:

- ___ All Participants Clean Shaven
- ___ **Tour** of facility / Building Familiarization
- ___ Participant Safety
- ___ Description of evolutions to be performed
- ___ Demonstration of emergency evacuation signal
- ___ **Description** of emergency contingency plan
- ___ Inspection of (PPE) personal protective gear
- ___ Clean up and securing area

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Description of training evolutions to be completed / conducted: Number of straw bales used: _____

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Post-Training Drill Comments: _____

Any apparent Injuries reported: Yes No _____ (if yes, fill out Injury report and attach)

Training completed at _____ hours