

BERKS COUNTY FIRE TRAINING CENTER SITE USAGE REQUEST FORM

revised 6/23 / N:\Fire Training\Site Usage Request Forms

ining Date and Times Requested:		Other agency	(s) Attending:	
то				
nt of Contact:				
me:				
ency:				
one (daytime):				
nic (daytimo).				
ase provide a description of the equipment, services	, and training to be perforr	ned on site including	the expected numb	er of attend

E-mail completed form to: berksfiretraining@berkspa.gov

Alternate Delivery - Fax: (610) 378-5568

SITE RESERVATION REQUESTS

Building Sites			
REQUESTED	"New" Burn Building (A)		
REQUESTED	"Old" Burn Building (B)		
REQUESTED	Drill Tower		
EXPECTED # OF ATTENDEES	Classroom		
Confined Spaces			
REQUESTED	Confined Spaces (Manholes)		
REQUESTED	Confined Spaces (Tanks)		
Flammable Liquids Pits			
REQUESTED	L-Pit		
REQUESTED	Round Pit		
REQUESTED	Propane Evolutionary Pit		
Other Locations			
REQUESTED	Fire Extinguisher Pit		
REQUESTED	Roof Simulator		
REQUESTED	General Grounds Usage		
REQUESTED	Drafting Pit		

REQUESTED	Fire Extinguisher (2.5 P/W)	
REQUESTED	Fire Extinguisher (2.5 AFFF)	
REQUESTED	Fire Extinguisher (10# BC)	
REQUESTED	Fire Extinguisher (10# ABC)	
REQUESTED	Fire Extinguisher (10-15# CO2)	
REQUESTED	Flares	
REQUESTED	Flammable Liquids Pit Analysis	
REQUESTED	Fuel Oil	
REQUESTED	Smoke Machine (Includes 1 qt.)	
(PER QT)	Additional Liquid Smoke	
(PER SHEET)	Plywood	
REQUESTED	Propane	
REQUESTED	Forcibale Entry Prop	
REQUESTED	Excelsior	
REQUESTED	Door/Window Dowels	
OTHER Please specify items and applicable amounts		



Berks County Fire Training Center

895 Morgantown Road • Reading, Pennsylvania 19607

INSTRUCTIONS FOR COMPLETION

- 1. Training Dates and Times Requested: Provide the date (MM/DD/YYYY) and both the starting and anticipated ending time of the usage request.
- 2. Point of Contact Name: Please provide the primary person's point of contact requesting site usage.
- 3. Point of Contact Agency: Please provide the primary person's point of contact's agency requesting site usage.
- 4. Point of Contact Phone: Please provide the primary person's point of contact telephone number.
- 5. Description: Please provide a brief description of the equipment, services, and training that will be performed on site and an expected number of attendees. It is not necessary to include information if this information will be supplied in a burn plan.

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Please indicate all buildings that will be needed for training. Reservations are made on a first come, first served basis (with burn plan approval, if applicable).

Please indicate all training props that will be needed for training including classrooms. Reservations are made on a first come, first served basis (with burn plan approval, if applicable).

An Office of the Berks County Department of Emergency Services