

FLASHOVER PERMISSION FORM

Please print/type and mail/fax with payment to:

CFPC, 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax (860) 654-1889

The following must be completed prior to receiving Flashover Survival training.

Participant's Signature: _____ Date: _____

Participant's Name: _____

(Please Print)

As the Chief of the _____ Fire Department

I hereby authorize the above applicant to participate in the Flashover Simulator, and therefore understand that the above mentioned member(s) will be covered by my department's Worker's Compensation Insurance while participating in such training and that the Commission on Fire Prevention and Control, its commissions, officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant(s) is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

I further understand that the Commission on Fire Prevention and Control, its commission, Officers, agents or employees shall not be liable for any damage to the above mentioned members' protective equipment while participating in Flashover Survival training. According to the Flashover Container manufacturer; firefighting helmets constructed with polycarbonate will fail during flashover and are therefore prohibited.

Chief's Signature: _____ Date: _____

Chief's Name: _____

(Please Print)