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| **Pre - Burn Checklist** |
|  | All Participants Waivers and Documentation Turn In |
|  | All Participants PPE checked (No SCBA Required unless scenario by Instructor required) |
|  | Weather Report Reviewed. |
|  | Ensure water supply – Garden Hose from Building is the minimum required |
|  | Propane Torch and Ignitors/strikers |
|  | Inspect Propane piping to ensure valves are closed & undamaged / Props, Piping, Sectional & Control Valves |
|  | Verify Initial Tank Gauge Reading in % \_\_\_\_\_\_\_\_\_\_ % = \_\_\_\_\_\_\_\_\_\_\_ gallons |
| **SAFETY** | Continuously monitor for leaks while operating valves in the steps below |
|  | Open Vapor Line on top of tank |
|  | Open Control Station Vapor Supply Valve |
|  | Open Control Station Valve that supplies line to Fire Extinguisher Props |
|  | Align first prop – Walk line and open sectional valves and isolation valves on prop to be burned |
|  | Test alignment and gas flow by opening control station valve |
|  | Instructor Briefing conducted according to Scenario. |
|  | Student / Participant Briefing. (Safety Line, Teams, Rotations, Extinguishers, Fire Types, etc.) |

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| **Positions** | **Radio Channel** |
| Lead Instructor |  | Instructors |  |
| Fuel Control / Safety |  | Students |  |
|  |  | **Evolution Time** |
| **Burns** | Time Session Begins |  |
| Number of Burns Completed |  | Time Session Ends |  |

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| **Post - Burn Checklist** |
|  | Document any injuries - NOTIFY DIRECTOR IMMEDIATELY IF TRANSPORTED |
|  | Shut Off Propane Tank Vapor Valve |
|  | Verify Current Tank Gauge Reading in % \_\_\_\_\_\_\_\_\_\_ % = \_\_\_\_\_\_\_\_\_\_\_ gallons |
|  | Bleed entire system down slowly through last prop used by opening all control and sectional valves |
|  | Once system is bled down close all prop, sectional, control station and supply valves |
|  | Water Line properly secured  |
|  | All Fire Extinguishers returned to proper storage location |
|  | Number & Type of Extinguishers used: |
|  | Water / Foam: \_\_\_\_\_\_\_ Stored Pressure: \_\_\_\_\_\_\_\_\_ Cartridge: \_\_\_\_\_\_\_\_\_ CO2: \_\_\_\_\_\_\_\_\_\_ |
|  | Fire Extinguishers Refilled as needed |
|  | Final critique completed  |

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| Notes: |
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| Signed by Lead Instructor - I acknowledge the checklist meets MAAC Guidelines & the intent of NFPA 1403. |
| Printed Name: | Signature: | Date: |