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| **Pre - Burn Checklist** | |
|  | All Participants Waivers and Documentation Turn In |
|  | All Participants PPE checked including SCBA |
|  | Weather Report Reviewed. |
|  | Fire Pump Pressure established |
|  | Ensure water supply - hydrants function |
|  | Separate water sources / hydrants established for attack and safety hose line(s) |
|  | Hose Lines & Nozzles selected and set up for evolutions – Bled and test flow and pressure |
|  | Propane Tank 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 Liquid Line on bottom of tank |
|  | Open Control Station Supply Valves |
|  | 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, Nozzle Patterns, Hose Handling, Valves, etc.) |

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| **Positions** | | **Radio Channel** | |
| Lead Instructor |  | Instructors |  |
| Safety Officer |  | Students |  |
| Fuel Control |  | **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 and Liquid Valves |
|  | 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 |
|  | Hydrants properly secured |
|  | Fire Pump returned to normal condition |
|  | All Hoses, Nozzles & Tools returned to proper storage location |
|  | 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: |