

**LANCASTER COUNTY PUBLIC SAFETY TRAINING CENTER
COMPANY LEVEL FACILITY USE FORM**

Date _____ Agency(s): _____

Name of Contact: _____ Contact Number: _____

Email: _____ Burn Techs (if required) _____

Starting Time: _____ Ending Time: _____ # of Students: _____ # of Instructors: _____

AREAS OF FACILITY USED

EVOC Pad _____ Confined Space Prop _____
Drill Tower _____ Drafting Pond _____
Trench Simulator _____ Burn Building _____
Propane Tank Simulator _____ Car Fire Simulator _____
Flammable Liquid Pit - Large Small Vehicle Rescue Pad _____ - # Cars Used _____
Roof Simulator _____ - # of plywood sheets _____ - Area Cleaned YES NO
Smoke Maze _____ - Smoke Machines Used YES NO Amount of smoke liquid used _____
Forcible Entry Prop(s) 1 2 - # of padlocks _____ # of rebar _____
Lock Board Prop _____ - # of locks _____ # of dead bolts _____ # of door locks _____ # of padlocks _____
Window Simulator _____ - # of windows used _____ - Area Cleaned YES NO
Mannequins _____ - # of plastic used _____ # of cloth used _____
Air Trailer _____ - Ending Pressures - Bank 1 _____ Bank 2 _____ Bank 3 _____ Bank 4 _____
Vehicle Rescue Trailer _____ - Equipment returned, trailer locked YES NO
Technical Rescue Trailer _____ - Equipment returned, trailer locked YES NO

TO BE COMPLETED BY DEPARTMENT REPRESENTATIVE

Facility / Grounds Clean YES NO Gates Closed YES NO

Any Damage YES NO If yes, what was damaged - _____

Any Injuries YES NO If yes, complete *Injury Report Forms*

If YES, was there any medical supplies used from the Lancaster County Public Safety Center YES NO

If YES. What was used? Where did the supplies come from?

Comments: _____

Company Representative

Training Center Representative