



OCEAN COUNTY FIRE AND EMS TRAINING CENTER
 200 VOLUNTEER WAY
 WARETOWN, NEW JERSEY 08758

Phone: 609-242-8450
 800-723-2088
 Fax: 609-242-8423

FACILITY REQUEST FORM Please provide 2 WEEKS notice for requests

ORGANIZATION INFORMATION	
Contact Name/Title:	Organization Name:
Mailing Address:	Phone: Fax:
	Email:
Preferred method of contact for Approval/Disapproval <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	

REQUEST INFORMATION Staff is available 30 minutes prior to CLASS start time				
MEETING/CLASS TITLE & DESCRIPTION	NUMBER OF STUDENTS	DATE(S) REQUESTED	START TIME *	END TIME

AREA(S) / ITEM(S) REQUESTED (check all that apply)

<input type="checkbox"/> Classroom(s) # _____	<input type="checkbox"/> Burn Building	<input type="checkbox"/> Forcible Entry Door	<input type="checkbox"/> Flashover Simulator**
<input type="checkbox"/> Indoor Training Area	<input type="checkbox"/> Smoke House	<input type="checkbox"/> Driver Training Area	<input type="checkbox"/> LP Car Fire
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Drill Tower	<input type="checkbox"/> Confined Space Area	<input type="checkbox"/> Extrication Gravel
<input type="checkbox"/> Reception Area	<input type="checkbox"/> Mezzanine	<input type="checkbox"/> Natural Gas Simulator	<input type="checkbox"/> Drafting Pit

The use of CN, CS, OC or any other Chemical Irritant is NOT PERMITTED IN ANY BUILDING

****FLASHOVER DRILL REQUIREMENTS****

1) You must secure 4 qualified Flashover Instructors to assist in the drill. (A list will be provided to you)
 2) You must provide a Staffed BLS Ambulance on site for your drill.

SAFETY INFORMATION (required for OUTDOOR building use)

Name of Certified Instructor(s)	Instructor NJFF Cert. _____	EMT Available During Training? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SPECIAL NEEDS

Will this be a catered event? YES NO Special Needs: _____

AV Equipment required? YES NO Explain: _____

By signing below, I have received, read and understand the terms and conditions set forth by the Facility Use Agreement of the Ocean County Fire & EMS Training Center. I further agree to abide by the Terms and Conditions as set forth by the Director of the Ocean County Training Center. In addition, I have provided all parties involved in this event with these Terms and Conditions.

APPLICANT SIGNATURE	DATE
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Date Received:	<small>FOR OFFICE USE ONLY</small>	
	Time/Area Conflicts <input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____	Coordinator Approval <input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____
	Coverage Personnel <input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____	Name of Coverage Personnel _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Harold R. Morris, Director	_____ Date

We Recycle.