



MINNESOTA BOARD OF FIREFIGHTER TRAINING AND EDUCATION

445 MINNESOTA STREET, SUITE 146
SAINT PAUL, MN 55101

Live Burn Plan

(Sample)

Fire Department: _____

Address: _____

City: _____, MN, Zip _____

Training Date: _____

AHJ: _____

Instructor-in-charge: _____

Live Burn Document Checklist

- Proof of Clear Title
- Owners Release to Damage or Burn Structure
- Building Use Agreement
- Site Map & Floor Plans (201)
- Goals & Objectives (202)
- Organizational Chart (203)
- Personnel Assignments & Instructions (204)
- Communication Plan (205)
- Medical Plan (206)
- Safety Analysis & Plan (215)
- Site Inspection Planning & Equipment Checklist
- Quick Access Pre-Fire Plan
- Assignment Form
- Summary of Activities Conducted at Drill
- First Report of Injury
- First Report of Un-Safe Act
- Notice to Adjacent Property Owners
- Gas Utility Department Notice
- Electric Utility Department Notice
- Water Department Notice
- Local/Regional Law Enforcement Notice
- Fire Department Liability Insurance Coverage
- Fire Department Participant Training Verification Form
- Completion of Live Burn Training -Transfer of Property to AHJ/Fire Chief or Designee
- Transfer of Authority of Property Back to Owner
- DNR Permit
- PCA Notification of Intent to Perform a Demolition

PROOF OF CLEAR TITLE

REMEMBER TO GET PROOF OF CLEAR TITLE AND INSURANCE
CANCELLATION DOCUMENTS FROM OWNER OR AGENT

THIS MAY BE DOCUMENTATION FROM COUNTY RECORDER OR TAX OFFICE

Owners Release to Damage or Burn Structure

Having agreed with the building official, _____ City
or County of _____, that a structure owned by
_____ and located at the following:

Owner

County: _____

Township: _____

Fire Number: _____

Nearest Cross Road: _____

is under condemnation or unfit for human habitation and is beyond rehabilitation. I further agree that the structure should be used by the fire service for training as they see fit. In order that demolition may be accomplished, I give my consent to the City/Township of _____ to use or demolish the said structure by burning or other means.

Owner

Date

Owner

Date

Agent/Instructors Representative

Date

ACKNOWLEDGMENT OF BUILDING USE AGREEMENT & POST-BURN/USE PROPERTY CONDITION

AGREEMENT:

On this _____ day of _____, 20____, an agreement is made between;

_____ (Insert name of your Fire Department), hereinafter called "City/Township"; and

_____ (Insert the name of the entity/organization supervising the activity if other than the local fire department), hereinafter called "Entity";

_____ (Insert the name(s) or owner(s) of the building/property to be damaged or destroyed) hereinafter called "Owner".

WITNESS:

WHEREAS, the City/Township desires to further the training of its firefighters by conducting fire training exercises involving the controlled burning within a structure or other fire training activities.

WHEREAS, the Owner acknowledges benefits received in the possible donation of the structure and further, the enhancement of fire protection services.

WHEREAS, the Owner has requested the use/destruction of the structure located at

(Include street address, municipality, county and state; or legal description of the property obtained from county clerk or assessor).

A visual description of the structure(s) to be use/destruction is as follows:

WHEREAS, the building to be used/destroyed as identified in the above paragraph will be referred to herein as "the structure"; now therefore:

IT IS MUTUALLY AGREED BY THE PARTIES AS FOLLOWS:

1. The City/Township and the Entity propose to damage or destroy the structure during the week of _____ to _____. The actual date of the training will depend upon factors such as availability of personnel, equipment and weather conditions.
2. The Owner agrees to indemnify the City/Township and the _____ (agents/instructors), and Entity from any liability arising out of the lack of the Owner's authority to have the structure destroyed and/or the Owner's lack of clear title to the building/property.
3. The Owner agrees to indemnify the City/Township from any liability arising out of any claim of injury from a person who is not an employee of a municipal fire department or of the City/Township in connection with the destruction of the structure.
4. The Owner agrees to indemnify the _____ (agents/instructors), or entity from any liability arising out of any claim of injury from any person in connection with the destruction of the structure.
5. The Owner assumes all liability for securing the structure during the term of this agreement, and further, the Owner agrees to comply with all applicable ordinances and regulations of the City/Township, county and state with respect to removal of debris and the making safe of the site at the conclusion of the City/Township's and the _____ (agents/instructors) destruction activities.
6. The Owner assumes all responsibility for the cancellation of insurance and the for the disconnection of all utility services, including but not limited to gas, electric, water, telephone, television cables and antennas, for removal of fuel oil, other hazardous substance and conditions, removal of any fixtures, items or equipment the Owner wishes to preserve prior to any destruction activities pursuant to this agreement. **If the Owner has not completed these tasks at least twenty-four (24) hours before the first possible training date, the Owner shall immediately notify the following persons of this fact.**
7. The post-training condition of the structure will be the responsibility of the Owner. The intent is to use the structure and/or demolish sections or all of the structure in training sessions. In most cases the ash, basement walls, foundation, metal debris and any other items will remain in the basement area or close proximity. These materials shall be disposed of by state and county rules at the Owners expense. All cost of permits and sampling will be at Owners expense. If at any time during the training session the Instructor-In-Charge deems it necessary to extinguish the fire, the remains will be the responsibility of the Owner.

Chief: _____
Name Address Phone

Training Officer: _____

Signed this _____ day of _____ 20_____

_____, Agent/Instructors Representative

_____ Owner(s)

**Site Map / Current Conditions
(201)**

Date: _____ Address: _____

Site Map:

- Building Outline
- Property Lines
- Roads/Accesses
- Exposures, Utilities
- Septic Tanks
- Operational Control Areas
- Water Sources
- Site Hazards
- Support Locations
- Parking Areas

Structure Drawing:

- Building Size
- Construction Type
- Floor Plan
- Exits
- Windows
- Ventilation Points
- Fire Set Locations



Prepared by: _____

**Goals & Objectives /General Operational Orders (checklist)
(202)**

Date: _____ Address: _____

Goals & Objectives:

Types of fires:

- Fire Behavior
- Basic Fire Attack
- Advanced Engine Company Operations
- Victims
- Burn to ground

Number of students and evolutions: _____

General Operational Orders:

Fires:

- Set location and burn order
- Set size and combustible materials
- Ignition process /procedure

Accountability Plan:

- Riding List
- PASSPORT
- When are PARS done
- Instructor and student rotation plan
- Water supply/pumper information
- Rehab and evolution debrief procedure
- Review of site map with staff including support area locations

Prepared by: _____

Date: _____

Organizational Chart (203)

Date: _____ Address: _____

Operations Staff:

- Instructor-In-Charge
 - Deputy
- Safety Officer
 - Assistants
 - Ignition Personnel
- Functional Instructors
 - Attack Line
 - Backup Line
 - RIT
 - Outside Vent Team
 - Other
- Engine/Pumper Operators

Support Personnel:

- EMS
- Rehab
- SCBA Service
- Staging
- On-Deck
- Other

Prepared by: _____

Personnel Assignments /Instructions (204)

Date: _____ Address: _____

Instructor-in-Charge: _____

- Overall site and operational controls and management
- Assure adherence to burn plan and/or modify as conditions require
- Provide for safety of all participants

Safety Officer: _____

- Provide for and assure overall site safety
- Enforce all safety rules and processes
- Directly supervise and monitor fire sets and the ignition personnel
- Monitor conditions continuously and make changes or stop operations if needed
- Conduct building walk-through for staff and students

Ignition Personnel: _____

- Assist building fire sets
- Under supervision of Safety Officer, light fire sets
- When lighting, work in pairs with hose line in place
- Use only fuels and ignition devices provided
- Monitor conditions and participants at all times and report discrepancies to Safety Officer
- Assist as directed by Instructor-In-Charge or Safety Officer

Control Team: _____; _____; _____

- Monitor assigned students at all times
- Assure accountability
- Provide student instruction in accordance with goals and objectives
- Assure students are wearing PPE correctly
- Have no more than 5 students assigned
- Understand the burn plan, including ignition procedures
- Assure students are in proper position and ready for each evolution
- May rotate from backup line to attack line, etc. and understand particular expectations of all
- Understand RIT procedures and staffing
- Provide student debriefing
- Monitor conditions at all times and report discrepancies to Instructor-In-Charge, Safety Officer, and/or take immediate actions as necessary
- Control all fires so flashover/backdraft conditions do not occur

Water Supply /Engine Operators: _____

- Understand burn plan and order of operations - especially ignition procedures
- Assure water supply is maintained
- Always have booster tank full in case of emergency
- Report any water supply problems immediately via radio to the Instructor-In-Charge

Support Personnel: _____

- EMS
- Rehab
- SCBA service
- Staging on-deck
- Others as needed

Prepared by: _____

**Communication Plan
(205)**

Date: _____ Address: _____

<u>Personnel</u>	<u>Radio Channel Assigned</u>
Instructor-in-Charge to IC/Safety	_____
Fire Control Team to Instructor-in-Charge	_____
Burn Instructors to Instructor-in-Charge	_____
Fire Department	_____
EMS (BLS Transport Capable)	_____
Local PSAP for additional resources	_____
• Radio Channel _____	
• Phone Number _____	
Law Enforcement	_____
Public Works	_____
Other agencies as required	_____

Prepared by: _____

**Medical Plan
(206)**

Date: _____ Address: _____

On Scene EMS: _____

- Level of Service (Minimum BLS) _____
- Transport capabilities: Yes _____ No _____
- Location: _____
- How to contact: _____

Nearest Hospital: _____

- Location: _____
- Phone Number: _____
- Travel time to: _____

Helicopter Service: _____

- Travel time to site: _____
- Contact information: _____
- Landing Zone location: _____
- Site GPS coordinates: _____

Special Instructions:

Prepared by: _____

Safety Analysis and Plan (Checklist) (215)

Date: _____ Address: _____

General Safety Message

- Hazard zones and required PPE use
- Accountability Procedures
- Fuel loads/types/locations
- Keep fires at controllable size
- One fire at a time-no fires in exit ways
- Instructor line in place during ignition and for instructor interior use
- Ignition procedure
- Monitor all conditions and personnel for heat and other fire-related emergencies
- Stay hydrated

Specific Safety procedures

- Building evacuation signal (demonstrated to all participants)
- Evacuation Rally Point
- Severe weather plan / shelter
- Specific site hazards

Building Walk Through

- With Instructor staff
- With students and instructors
- Point out exits and ventilation points
- Final check of fuel loads and structural conditions

Prepared by: _____

SITE INSPECTION PLANNING & EQUIPMENT CHECK LIST

Inspected on _____ 20 ____ by: _____

The location of this training is: _____

City: _____ County: _____ Township: _____

Fire Number: _____ Nearest Cross Rd: _____

Completed		Item/
Yes	No	Activity Description
		1. All permits, forms and notifications distributed
		2. Site plan drawing, including all exposures
		3. Building plan, including overall dimensions
		4. Floor plan detailing rooms, hallways and exterior openings
		5. Proposed location of command post
		6. Proposed location of all apparatus
		7. Proposed position of all hose lines, including backup lines
		8. Proposed location of emergency escape routes
		9. Proposed location of emergency evacuation assembly area
		10. Proposed location of entrance and exit routes for emergency vehicles
		11. Inspect available water supply determined as per M 3.6.0
		12. Required fire flow determined as per M 3.6.0
		13. Required reserve flow determined (50% of required flow) per M 3.6.0
		14. Apparatus pumping ability that exceeds the required fire flow
		15. Separate water supply established for attack and back-up lines
		16. Obtain projected and periodic weather reports
		17. Proposed parking areas designated and marked for all vehicles
		18. Operations area established and perimeter marked
		19. Communications frequencies established, equipment obtained
BUILDING INSPECTION		
		20. Building inspected for structural integrity
		21. All utilities located and identified
		22. Identify highly combustible interior wall and ceiling materials removed
		23. Identify all holes and walls patched or covered in rooms to be used
		24. Identify materials of exceptional weight, remove or seal off the area
		25. Windows checked and opened or closed as needed
		26. Doors checked and opened or closed as needed
		27. Building components checked; roof scuttles, sprinkler system, stand pipes, etc.

Yes	No	
		28. Identify chimneys and adequate ventilation holes for each separate enclosed roof area to be removed and pre-cut the day/night of the drill
		29. Identify stairways that need to be made safe with railings
		30. Identify fuel tanks and water heaters to be removed or adequately ventilated
		31. Identify all containers of unknown or hazardous contents must be removed
		32. Identify unnecessary inside and outside debris removed, extraordinary exterior and interior hazards remedied
		33. Porches and outside steps made safe
		34. Identify cisterns, wells, cesspools and other ground openings fenced, marked or filled
		35. Identify toxic weeds, hives, vermin, brush, surrounding vegetation to be removed
		36. Identify exposures-propane tanks, trees, buildings, utilities to be removed, protected
		37. Adequate roof ventilation holes cut for each roof section or area
APPARATUS NEEDED FOR TYPICAL RESIDENTIAL HOUSE		
		38. (2) Class A (750 gpm) or larger capable of meeting the required fire flow with 4.5" or larger hard suction tube. One engine for attack lines and one for backup lines
		39. Water tenders capable of meeting the supply needs if hydrants are not used
		40. (2) 2000 gallon portable drop tanks if water tenders are used
		41. (1) water source capable of supplying the required fire flow if not using hydrants
		42. (2) hydrants capable of supplying the required fire flow if tenders are not used
		43. (1) EMS unit for possible firefighter emergencies
		44. (1) SCBA air supply unit to refill SCBA
		45. (4) 1.5" or 1.75" nozzles
		46. (2) gated wyes - 1.5 x 1.5 x 2.5
		47. 600 feet of 1.5" hose; attack, exposure, instructor and backup lines
		48. 400 feet of 2.5" hose
BURNABLE CLASS A FUELS & BUILDING SUPPLIES FOR 30 STUDENTS		
		49. (30) Bales of DRY oats, straw or hay or 12 bales (4 ft sq.) of DRY cardboard (the straw or cardboard MUST BE KEPT DRY!)
		50. (20) dry wood pallets
		51. (2) pitchforks
		52. (1) hammer and supply of 16 penny nails and spikes
		53. (10) extra glass storm windows, not necessary to fit tight on windows
		54. (8) 4 x 8 sheets of press board 3/4" thick

YES	NO	
		55.(1) propane torch for igniting fuels
PERSONNEL & REHAB SUPPLIES		
		56.(1) source of fresh drinking water and cups
		57.(1) waste container for cups
		58.(1) meal for each person at the drill (no cheese sandwiches)
		59.(1) flashlight for each student as they enter the structure
		60.(4) qualified interior structural or prop burn instructors

QUICK ACCESS PRE-FIRE PLAN

Building Address:	Evaluator: Date:			
Building Description:				
Roof Construction:				
Floor Construction:				
Occupancy Type: CCN = Type I, II, III, IV, V OHCN = 3, 4, 5, 6, 7			Initial Response Required:	
Hazards to personnel:				
Location of water supply:			Available Flow	
Estimated Fire Flow Length x Width Exposures = 25% _____ x (floors) = GPM per floor <i>Of Total Flow per Exposure 3</i>				
Level of Involvement	25%	50%	75%	100%
Estimated Fire Flow (1)				
Attached Bldg. Fire Flow(2)				
Fire Behavior Prediction:				Total
Predicted Strategies:				
Problems Anticipated:				
Standpipe: Y or N	Sprinklers: Y or N		Fire Detection: Y or N	
Control Location:	Control Location:		Control Location:	

Length X Width

1. ----- X ----- = _____ GPM/Floor X ____ (# floors) _____ =GPM
 3

2. ----- X ----- = _____ GPM/Floor X ____ (# floors) _____ =GPM
 3

Total gallons = _____ GPM

3. Exposure Side "A" (25% of total base 100% flow) = _____ GPM
4. Exposure Side "B" (25% of total base 100% flow) = _____ GPM
5. Exposure Side "C" (25% of total base 100% flow) = _____ GPM
6. Exposure Side "D" (25% of total base 100% flow) = _____ GPM
7. 100% involvement plus exposures potential = _____ GPM

ASSIGNMENT FORM

Date: _____ Location: _____

Wind Direction: _____ Wind Speed: _____ Weather: _____ Temp: _____

Safety Officer: _____

Instructor-In-Charge: _____

Team: _____	Time In/Out ____ / ____	Team: _____	Time In/Out ____ / ____
	<u>Air Pressure</u>		<u>Air Pressure</u>
Instr.		Instr.	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Team: _____	Time In/Out ____ / ____	Team: _____	Time In/Out ____ / ____
	<u>Air Pressure</u>		<u>Air Pressure</u>
Instr.		Instr.	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

Team: _____	Time In/Out ____ / _____		Team: _____	Time In/Out ____ / _____
	<u>Air Pressure</u>			<u>Air Pressure</u>
Instr.			Instr.	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	

Team: _____	Time In/Out ____ / _____		Team: _____	Time In/Out ____ / _____
	<u>Air Pressure</u>			<u>Air Pressure</u>
Instr.			Instr.	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	

Team: _____	Time In/Out ____ / _____		Team: _____	Time In/Out ____ / _____
	<u>Air Pressure</u>			<u>Air Pressure</u>
Instr.			Instr.	
1.			1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	

SUMMARY OF ACTIVITIES CONDUCTED AT DRILL - KEEP ON FILE

Accounting of activities conducted: _____

Unusual conditions encountered: _____

Changes or deterioration in the structure: _____

Any injuries or treatment rendered: _____

Completed by: _____ Date: _____

FIRST REPORT OF INJURY

Class: _____

Instructor: _____

Name of Injured: _____

Department: _____

Injured parties age: _____ Date of Injury _____ Time: _____

Lost time from class? Yes No

DETAILS OF ACCIDENT

(This information is for use in preventing similar accidents. Please answer all questions.)

1. What task was the injured performing?

2. How was the injured party injured?

3. What did the injured do unsafely?

4. What equipment was defective or failed?

5. What steps should be taken to prevent similar injuries?

6. Was accident reported immediately? Yes No If no, explain:

7. Did the student require medical attention as a result of this injury? Yes No
If yes, give name and address of transportation unit, medic, doctor and/or hospital.

FIRST REPORT OF UN-SAFE ACT

Class: _____

Instructor: _____

Name of Student: _____

Department: _____

Student's age: _____ Date of Activity _____ Time: _____

DETAILS OF INCIDENT

(This information is for use in preventing similar incidents. Please answer all questions.)

1. What task was the student performing?

2. How was the student being supervised?

3. What did the student or instructor do unsafely?

4. What equipment was being used?

5. What steps should be taken to prevent similar unsafe acts?

6. Was the unsafe act brought to the attention of the instructor immediately? Yes No
If no, explain:

7. Would this incident have resulted in an injury? Yes No
If yes, give details:

NOTICE TO ADJACENT PROPERTY OWNERS

A MINIMUM OF THREE DAYS ADVANCE NOTICE OR AS SOON AS POSSIBLE

On _____ the _____ Fire Department will be conducting a live-burn training session which will include either partial or total demolition of a building by burning. The location of this training session is:

Address: _____

City: _____ MN, Zip _____

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

We are informing you of this training session so that you will not be surprised when you see the Fire Department working in your area on this date.

This will be a great opportunity for you to see you Fire Department at work, practicing techniques and skills to better protect you and your property.

We would like to remind you to take appropriate action to protect your car, laundry, if outside and other items that may come in contact with smoke or other particles. We would also like to remind you to keep your windows closed if you smell smoke in your area.

If you are not going to be at your residence or property at the time of the training session, please remember to make arrangements to have your windows closed and notify the Fire Department of a phone number where you can be reached.

Thank you for your continued support and cooperation.

Fire Chief _____

Fire Department _____

Phone _____

Fax _____

Date _____

GAS UTILITIES DEPARTMENT NOTICE

On _____ the _____ Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:

Address: _____

City: _____ MN, Zip _____

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate the receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

Fire Chief _____

Fire Department _____

Phone _____

Fax _____

Date _____

ELECTRIC UTILITIES DEPARTMENT NOTICE

On _____ the _____ Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:

Address: _____

City: _____ MN, Zip _____

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

We are asking that you disconnect the utility service to the building by the above date. If you are unable to accomplish this, please notify the Fire Chief immediately.

We are notifying you so that your department can determine if there is a need for the possible removal or re-routing of any of your utility lines. Also, you may need to remove meters or other equipment that belong to you.

This notice will eliminate the receiving of complaints of service interruption during or after the training session.

Thank you for your continued cooperation.

Fire Chief _____

Fire Department _____

Phone _____

Fax _____

Date _____

WATER UTILITIES DEPARTMENT NOTICE

On _____ the _____ Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:

Address: _____

City: _____ MN, Zip _____

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

Will you please bring this information to the attention of your personnel, as we will be using water from the following hydrants:

1. _____ 2. _____

3. _____ 4. _____

We are notifying you so that your department can prepare for this usage, so as to not receive complaints of rusty water or low water pressure during or after the training session.

You may also want to determine if you have any meters or other equipment that needs to be removed or protected.

If freezing is possible, please have your personnel winterize the hydrant(s) that were used.

Thank you for your continued cooperation.

Fire Chief _____

Fire Department _____

Phone _____

Fax _____

Date _____

LOCAL/REGIONAL LAW ENFORCEMENT NOTICE

On _____ the _____ Fire Department will be conducting a live burn training session which will include demolition of a building by burning.

The location of this training session is:

Address: _____

City: _____ MN, Zip _____

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

Please bring this to the attention of your dispatcher and patrol units. We may need traffic control if the location warrants it.

We would also like to be notified of any reported fires in the area which we are operating from. You may receive reports of a fire by pedestrians. Do not activate the alarm until you call us by radio or telephone first to confirm the location of the reported fire.

Thank you for your continued cooperation.

Fire Chief _____

Fire Department _____

Phone _____

Fax _____

Date _____

LIABILITY INSURANCE COVERAGE OBTAINED

Most political subdivisions and their fire departments have liability insurance which covers any acts or omissions that may take place during a structural burn.

Fire department members are covered under the Workers Compensation plan obtained by the political subdivision to which the fire department belongs.

If this training is not being conducted through a state education institution, such as the Minnesota State Colleges and Universities institution, remember to obtain liability insurance to cover the unexpected problems that may come up. This should include exposure and medical, plus anything else you might be concerned about.

CITY/TOWNSHIP LIABILITY INSURANCE OBTAINED: Yes _____ No _____

DOCUMENTATION ENCLOSED: Yes _____ No _____

Fire Chief: _____

Fire Department: _____

Date: _____

PARTICIPANT TRAINING VERIFICATION FORM

Prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the minimum job performance requirements for Fire Fighter I of the NFPA 1001, *Standard for Fire Fighter Professional Qualifications*, related to the following subjects:

- | | |
|--------------------------------------|----------------------------|
| (1) Safety | (7) Overhaul |
| (2) Fire behavior | (8) Water supply |
| (3) Portable extinguishers | (9) Ventilation |
| (4) Personal protective equipment | (10) Forcible entry |
| (5) Ladders | (11) Building construction |
| (6) Fire Hose, appliances, & streams | |

PLEASE PRINT NAME

PLEASE PRINT NAME

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

As Fire Chief of _____ Fire Department, I verify that the students listed above are physically fit and have met the education requirements stated above. I also do hereby authorize the above individuals to participate in this training session.

Training	By Whom	Date
_____	_____	_____
Signed	Printed	Dated

Please duplicate and add extra sheets if necessary

**COMPLETION OF LIVE BURN TRAINING
TRANSFER OF PROPERTY TO AHJ/FIRE CHIEF/DESIGNEE**

On _____, 20____ at _____ hours, the Instructor-In-Charge has officially completed the training session and the property will become the responsibility of the AHJ or local fire department.

Property Location:

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

It is the responsibility of the AHJ/Fire Chief or his/her designee to watch for unsafe fire conditions that may require additional resources. _____ Agents/Instructors Representative waives any liability arising from property damage, personal injury, etc. in connection with the destruction of the structure.

(Print) Instructor-in-charge

(Signature) Instructor-in-charge

(Print) AHJ/Fire Chief/Designee

(Signature) AHJ/Fire Chief/Designee

TRANSFER OF AUTHORITY OF THE PROPERTY BACK TO THE OWNER

Owners Copy

On _____, 20____ at _____ hours, the _____ Fire Department has turned the property back over to the owner or the owner's agent. The training session has been completed and the property will become the responsibility of the owner or agent representing the owner. The location of this property is:

Address: _____

County: _____

Township: _____

Fire Number: _____

Nearest cross road: _____

It will be your responsibility to watch for any unsafe fire conditions that may require the return of the fire department to the property. If this happens, please notify the fire department immediately by the 9-1-1 telephone system.

It will be your responsibility to secure people and pets from coming in contact with the remains and the hole in the ground or any unsafe conditions that may harm them in any way.

Thank you for your continued cooperation.

Fire Chief _____

Fire Department _____

Phone _____

Date: _____

I acknowledge that I am the owner of the property described as follows:

_____ and that the fire department has returned my property to me in a manner that was agreed upon prior to fire training. I understand that I am once again responsible for my property and the proper disposal of the remaining structure.

Owner: _____

Fire Chief: _____

Date: _____



Minnesota Department of Natural Resources

How to Conduct a Fire Department Training Burn in Minnesota

Live fire training in a training center burn building, or in a suitable, acquired building awaiting demolition, is an excellent means of training firefighters. In the State of Minnesota, fire departments may be issued Fire Training Burn Permits, through the Minnesota Department of Natural Resources, Division of Forestry, to conduct live training burns of residential structures awaiting demolition. **The burn must be a bonafide training burn**, not a demolition burn with the fire department standing by. In addition, a fire department member must attend the site until the fire is extinguished and ensure proper disposal of the ash.

The following is an outline of steps that shall be followed to conduct a live structure training burn:

- 1) Training burns must be conducted using the techniques described in “[Live Fire Burn Training Procedures](#) for Minnesota State Colleges and Universities and Minnesota Fire Service” [MBFTE Live Burn Training Plan](#)
- 2) Have a Minnesota Department of Health certified inspector conduct an asbestos inspection of the structure to be burned. To obtain a current list of certified asbestos inspectors, call the MDH Asbestos Unit at **651-201-4620** or on the web at; www.health.state.mn.us/divs/eh/asbestos/find_contractor/index.cfm .
- 3) Review the asbestos inspection report provided by the inspector.
 - If there are ANY asbestos-containing materials (ACM) in the structure, contract with a licensed asbestos abatement company to abate the ACM. See the MDH information above to find a licensed asbestos removal contractor.

Note: Homeowners may abate the asbestos themselves; however, all of the ACM must be removed completely with no residue or debris remaining. Fire Department personnel cannot abate ACM.

Go to; www.health.state.mn.us/divs/eh/asbestos/homeowner/index.html for asbestos removal by the homeowner.
- 4) Obtain a “Notification of Intent to Perform a Demolition form” (w-sw4-21), other forms and fact sheets by calling the MPCA at 651-296-6300 or go to; www.pca.state.mn.us/programs/asbestos_p.html .
 - Mail or fax **651-297-1438** the Notification to the MPCA. The form must be completely filled out or it will be rejected.
 - The MPCA will contact the Fire Department only if there are problems with the completed Notification. No confirmation letter is sent.
 - The Notification must be received or postmarked at least 10 working days (or 14 calendar days) prior to the start date of the training burn.**

Note: The Fire Department shall be listed as the demolition contractor on the “Notification of Intent to Perform a Demolition” form.

- 5) Remove all hazardous materials from the structure to be burned. To obtain a list of examples of hazardous materials, call the MPCA at **651-296-6300** or go to; www.pca.state.mn.us/index.php/view-document.html?gid=4954

Note: All interior and exterior paint must be tested for lead prior to the training burn.

- 6) Obtain a copy of the “DNR Fire Training Permit Application”. Call your local DNR Forestry Area Office or go to; www.mndnr.gov/grants/ruralfire/resources.html
- Complete the DNR Fire Training Permit Application.
 - Be sure to identify a time period (up to 21 days) when the training may occur. The “Permit to Burn” may be issued for this time period.
 - Submit the Application to your local DNR Forestry Area or field Office at least 10 working days (or 14 calendar days) prior to the training burn for review. Approved applications, along with a “Permit to Burn”, will be returned to the fire department. **Do not send application to the DNR Central Office in St. Paul or to Regional offices. Permits are issued from Forestry Area Offices only.** <http://www.dnr.state.mn.us/contact/locator.html>
- 7) Conduct a final walk-through of the structure prior to the training burn to ensure all prohibited materials have been removed.
- No additional materials can be hauled into the structure, other than clean hay, straw, or wood used to ignite the structure. Liquid petroleum products cannot be used to ignite the structure.

Contacts and Information:

- DNR Forestry offices for questions regarding the Application DNR Fire Training Permit Application or the burning permit www.dnr.state.mn.us/contact/forestry.html.
- MPCA for questions regarding the asbestos survey, asbestos abatement, or the Notification. Information at; www.pca.state.mn.us/programs/asbestos_p.html
- Contact the MDH Asbestos Unit at; www.health.state.mn.us/divs/eh/asbestos/find_contractor/index.cfm to obtain a current list of certified asbestos inspectors and asbestos removal contractors.
- [Live Fire Burn Training Procedures](#) for Minnesota State Colleges and Universities and Minnesota Fire Service:
- State Law related to training burns: <http://www.revisor.leg.state.mn.us/stats/88/17.html>

FIRE TRAINING LIVE-BURN APPLICATION

FIRE CHIEF or TRAINING OFFICER: Complete this application and submit to a local DNR Forestry Office a minimum of 14 days prior to the actual live-burn training. All training should have a burn plan and must be conducted using the techniques described in the publication "Structural Burn Training Manual" prepared by Minnesota State Colleges and Universities.

Fire Department/Other Agency		Address (City, State Zip)	
Applicants Name	Title	Phone #	E-mail/Fax to send permit to:

Type of Live-Fire Training to be conducted: Structure Other:

Street Address		City		County	
Name of MNSCU or Contracting Lead Instructor		Telephone Number		Fire Dept Training Officer Name	
Section		Township		Range	
				Telephone Number	

If structure is to be burned, indicate proposed number to be burned under this application:

Indicate Type and size of structure(s) to be burned: (check)

- Commercial Structure Private Structure Approximate Size _____ Ft by _____ Ft.
- Commercial Structure Private Structure Approximate Size _____ Ft by _____ Ft.

Additional structures will require a site visit by a DNR Forester.

Attach a site plan/map to application identifying structure(s) involved in Live-Burn training.

Live Burn Training scheduled to occur between the dates of _____ to _____

Asbestos Inspector		License No.	
Address (City, State Zip)		Telephone Number	

Pre-Burn Requirements – Initial to verify that you have/will comply with each of the following:

- Notification of Intent to Perform a Demolition form has been submitted to PCA. _____
- Asbestos inspections and abatement must be completed on all structures. _____
- Written consent of burn site property owner must be secured before training is conducted. _____
- If structure, utilities must be disconnected before training is conducted. _____
- Local emergency dispatcher(s) must be notified prior to the live-burn. _____

Post-Burn Requirements – All debris remaining after the Live-Burn Training requiring disposal must be disposed of in a manner that meets MPCA and local solid waste ordinance requirements:

I attest, by my signature, that I have read and will comply with the above requirements, MS§88, any attachment to this application, and that I am the authorized chief or training officer for the above fire department/agency.

Applicant's Signature		Date	
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Application Approved Burning Permit attached

DNR Forester		Date	
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Application Denied

Reason



Notification of Intent to Perform a Demolition

Asbestos Program

Doc Type: Asbestos & Demolition/Amendments

Type of notification: Original Amended Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

Demolition Contractor

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Building Information

Building name: _____

Address/Location: _____

City, State, Zip: _____

County: _____

Phone number: _____

Age of bldg (yrs): _____ Size of bldg (sq ft): _____

Number of floors, including basement level(s): _____

Present use of bldg: _____

Prior use of bldg: _____

Building Owner

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Contact name: _____

Phone number: _____

Dates of demolition or intentional burning:

Start date: _____ End date: _____
mm/dd/yy mm/dd/yy

Note: If there is >260 linear feet or >160 square feet of Regulated Asbestos-Containing Material (RACM) in the building to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of Intent to Perform an Asbestos Abatement Project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished? Yes No

Will nonfriable ACM be present in the structure at the time of demolition? Yes No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, complete Items 3-9.

1. If ACM will be left in place for the demolition indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Category I: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category I nonfriable ACM means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.

Category II: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category II nonfriable ACM means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure.

Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).

2. Description and location of ACM remaining in place (including number of floors and rooms):

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): (Note: Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)

4. Description of planned demolition and the specific method(s) that will be used:

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: _____ Title: _____

Authority: _____

Date of order (mm/dd/yy): _____ Start date (mm/dd/yy): _____

Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency **only** when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures **must** be followed. If you are unaware of the special procedures, instructions/ regulations can be obtained by contacting the Minnesota Pollution Control Agency (MPCA) at the address or phone number listed below.

6. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Demolition waste transporter(s) information:

Transporter name: _____

Contact name: _____

Tranporter address: _____

City, State, Zip: _____

Phone number: _____

8. Demolition waste disposal information: *see below for more information

Landfill name: _____

Owner/Operator: _____

Address/Location: _____

City, State, Zip: _____

Phone number: _____

9. I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Print name: _____ Title: _____

Signature: _____ Date: _____

Important Note:

Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition.

This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at <http://www.pca.state.mn.us/publications/w-sw4-20.pdf> for a Pre-Renovation/Demolition Environmental Checklist Guidance Document to assist with completion of this rule.

*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.

Submit to: Minnesota Pollution Control Agency
Industrial Division – Asbestos Program
520 Lafayette Road North
St. Paul, MN 55155-4194

Questions call: 651-296-6300 or 1-800-657-3864
Fax: 651-297-1438

E-mail: asbestos.demolition.pca@state.mn.us