Warren County Fire Academy

1024 Route 57
Washington, New Jersey 07882-9618
Office: 908-835-2068
Fax: 908-835-2067

Outreach Request Form

Please submit request at least two (2) weeks before the requested activity and provide a printed roster of attendees with first and last names.

Date of requested outreach

Department / Company Name

Station #

Chief Making Request

Chief's Contact #

Chief's E-mail Address

Check requested.

☐ Bloodborne Pathogens Refresher:

☐ Right-to-Know Refresher: :

☐ Hazardous Materials Refresher:

☐ Other:
Describe

☐ SCBA Mask Fit Test:
List SCBA Manufacturer

Estimated number of attendees:

Does the FD have a projector and screen? Yes: ☐ No: ☐

Department Authorized Signature Block

I attest that all participants are covered by Workers Compensation and Liability Insurance, that all participants of any live fire activity are Firefighter 1 certified, that basic life support assets are provided by the department and will be immediately available to any member requiring assistance due to an injury or other medical issue, and that the department rehabilitation and medical monitoring procedures will be in effect. I understand that this is a request for a drill ground activity and that budgetary and staffing constraints as well as extreme weather may preclude if from being run. Departments must provide at least 24 hours cancellation notice.

Department / Company Chief Signature

Print Name of above Signature Date

Chief's Phone Number

This form is for use when a department / company is requesting the use of the Fire Academy *Outreach Program*