



WVPST Martinsburg Live Burn Compliance Form (NFPA 1403 Compliance)

Date: _____	Course Name/Subject: _____
Course _____	Physical _____
Location: _____	Address: _____
Type of Building: (Circle One) Mobile Trailer Fixed Structure	
Evaluator Arrival: ____:____ AM / PM	Training Start: ____:____ AM / PM
Depart: ____:____ AM / PM	End: ____:____ AM / PM

Primary Instructor: _____ **Instructor No.:** _____

Instructor positions must be adequate to meet NFPA 1403 minimum guidelines.

Assisting Instructor: _____	Instructor No: _____
Assisting Instructor: _____	Instructor No: _____
Assisting Instructor: _____	Instructor No: _____
Assisting Instructor: _____	Instructor No: _____
Assisting Instructor: _____	Instructor No: _____
Assisting Instructor: _____	Instructor No: _____

Instructor:

Daily Attendance Form Circulated? YES / NO	Pre-burn meeting with students: YES / NO	Walk thru of burn facility: YES / NO
Teams established and Assignments given: YES / NO	Rehab station Established? YES / NO	Two water supply sources noted YES / NO
Extreme temperature climate reviewed YES / NO	EMS Available on scene? YES / NO	If No, how contacted: _____
Emergency evacuation procedures reviewed prior to entry? YES / NO	Building "Heat" monitoring system activated prior to first burn? YES / NO	Class "A" materials or L.P. Gas inspected by Lead Instructor prior to first burn YES / NO
IC System in Place? YES / NO	Personnel Accountability System In Place? YES / NO	"Live Burn Accountability" form in use YES / NO
Student Equipment Checked? YES / NO		

Notation:

Training Ground Evaluation:

Assigned Tasks for Teams:	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent	YES / NO	N/A
Objective(s) assigned to each Team's Task(s):	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent	YES / NO	N/A
Evaluation Criteria set for all Team Objectives:	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent	YES / NO	N/A
Team Critique held after after each evolution:	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent	YES / NO	N/A
Did students appear to meet WVPST Objective(s)?	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent	YES / NO	N/A
Would you recommend any instructor(s) present to be re-evaluated by WVPST ?														YES / NO	

Comment(s): (Note building condition before and after burns)

Identify Personnel in Key Command Positions as required by NFPA 1403 guidelines.

Incident Commander: _____
Lead Instructor: _____
Safety Officer: _____
RIT Instructor: _____
Interior Instructor: _____ (Assignment: _____)
Interior Instructor: _____ (Assignment: _____)
Interior Safety Officer: _____ (2nd Floor: _____)
One Interior safety for each floor requiring a burn

Evaluator Name (Print)

Instructor Number

Evaluator Name (Signature)

Date