



State Firemen's and Fire Marshals' Association of Texas

Texas Volunteer Firefighters' and Fire Marshals' Certification Board

P.O. Box 1709 ♦ Manchaca, Texas 78652-1709 ♦ 512.454.3473
 certification@sffma.org ♦ www.sffma.org

TRAINING FACILITY CHECK-OFF

Each member department need only submit this form one time, unless requested by the Austin office.

DEPARTMENT NAME:		COUNTY:
MAILING ADDRESS:	CITY, STATE:	ZIP:
PHYSICAL ADDRESS (if different):	CITY, STATE:	ZIP:
FD Email Address:	FD PHONE:	FD FAX:
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Training Schedule: List the times and dates regularly scheduled training is expected to be conducted (e.g., 7:30 p.m. on the first and third Wednesday of each month.):

Inventory: Item(s) **DO NOT** have to be OWNED BY and / or ASSIGNED EXCLUSIVELY to the Fire Department. Check item(s) that department HAS or IS AVAILABLE for training purposes.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Facility suitable for class instruction
<input type="checkbox"/>	<input type="checkbox"/>	1a. Audio-visual aids
<input type="checkbox"/>	<input type="checkbox"/>	2. Drill tower or other suitable structure
<input type="checkbox"/>	<input type="checkbox"/>	3. Drill area
<input type="checkbox"/>	<input type="checkbox"/>	4. Smoke room
<input type="checkbox"/>	<input type="checkbox"/>	5. Building suitable for live fire training
<input type="checkbox"/>	<input type="checkbox"/>	5a. Participants will be required to have protective clothing suitable to the live fire training being conducted
<input type="checkbox"/>	<input type="checkbox"/>	6. Pumper-Apparatus
<input type="checkbox"/>	<input type="checkbox"/>	7. Ladders
<input type="checkbox"/>	<input type="checkbox"/>	8. Portable fire extinguishers
<input type="checkbox"/>	<input type="checkbox"/>	9. Forcible entry tools
<input type="checkbox"/>	<input type="checkbox"/>	10. Ropes
<input type="checkbox"/>	<input type="checkbox"/>	11. Salvage & overhaul equipment
<input type="checkbox"/>	<input type="checkbox"/>	12. Self-contained breathing apparatus
<input type="checkbox"/>	<input type="checkbox"/>	13. Standard first aid supplies and equipment
<input type="checkbox"/>	<input type="checkbox"/>	14. Reference material IFSTA manuals (current editions)
<input type="checkbox"/>	<input type="checkbox"/>	15. I am familiar with the attendance records, testing procedures and regulations of the SFFMA certification program and agree to comply therewith.

By my signature below, I affirm that the statements on this form are true and correct. I understand any misstatements or omission of material facts may constitute grounds for administrative proceedings by the certification board. I understand that at any time a representative may be assigned to monitor training for compliance with SFFMA certification rules.

Fire Chief Signature	Certification Coordinator Signature
Print Name Here	Print Name Here

Revised 07/14 Photocopied, faxed and pencil signatures are not accepted.