

LANSING COMMUNITY COLLEGE REGIONAL FIRE TRAINING CENTER

FIRE ACADEMY APPLICATION



Our Mission:

To enhance the opportunity for fire service training, to prepare our students to serve their community with safety and competence, and to provide a model of excellence for fire service instruction.



LANSING COMMUNITY COLLEGE FIRE ACADEMY Regional Fire Training Center

About the academy

The Fire Academy program is 17 weeks in length, and consists of two Fire Science classes and one physical fitness class. The fire academy is 19 credits of a 66 credit Associate Degree in Fire Science / Basic EMT. These classes meet Monday through Friday from 7 a.m. to 3:30 p.m. at LCC West Campus. The Fire Academy starts on Monday August 12th, 2019 at 7:00 a.m. in the West Campus Fitness Lab. The 69th Fire Academy Graduation is scheduled for December 12, 2019.

The first day of the Academy is MANDATORY!!

Certifications possible to obtain during the fire academy

- Michigan Fire Fighters Training Council Fire Fighter 1 and 2 / Hazardous Materials Operations (MFFTC FF 1 and 2 / Hazmat OPS)
- Pro Board Certification
- International Association of Fire Fighters (IAFF) Fire Ground Survival
- Confined Space Awareness and Operations
- American Heart Association Heart Saver CPR / AED / First Aid
- Michigan Department of Natural Resources Wildland Fire Fighter certification
- Detroit Metro Aircraft Rescue Fire Fighting
- Lansing Physical Ability Test (LPAT) certification
- Lansing Community College Regional Fire Training Center Live Burn certification

Procedures for Admission and Requirements

Complete the following steps to apply for admittance to the Fire Academy:

STEP 1

APPLY FOR ADMISSION TO LCC

If you are not already a student at LCC, apply for admission to LCC online at lcc.edu/getstarted. Or you may apply in-person in the [StarZone](#) at the Downtown Campus or the Student Services Desk at the West Campus.

STEP 2

BASIC SKILLS TEST

Take the following assessment tests in a placement testing center at either the Downtown campus or the West Campus. The placement testing centers are located in the Gannon Building StarZone at the Downtown Campus or the Student Services Desk at the West Campus. Your test results must meet the required levels for Reading, Writing and Math. If you wish to pursue either of the Associate Degrees in Fire Science, you will need to obtain these levels in order to enroll into the appropriate general education core courses. These levels are encouraged for the Fire Academy students.

READING LEVEL 5
WRITING LEVEL 6
MATH LEVEL 5

The phone number for the West Campus testing center is 517-267-5500.

STEP 3

SUBMIT THE FOLLOWING REQUIRED FORMS TO THE FIRE ACADEMY OFFICE

- Completed Departmental Information Form
- Completed and signed Waiver of Liability Form
- Completed and signed Physical Examination Form (Signed by you and your Physician)
- Respirator Medical Evaluation Questionnaire (Signed by you and your Physician)
- Copy of your valid Michigan Driver's License or Michigan ID Card

SUBMIT ALL FORMS TO THE FIRE ACADEMY COORDINATOR BILL PAWLUK LCC WEST CAMPUS ROOM M127.

STEP 4

REGISTER FOR CLASSES – Early June 2019

- Register for classes
- You **must** register for all 3 classes. **You will need to register for the classes listed below.**
- FIRE 101
- FIRE 102
- PFFT 119
- When you register for these classes you must pay the cashiers office for the course tuition and fees. Be aware if you are not receiving Financial Aid and you register for the 3 classes, you must make an immediate payment for tuition and fees, or sign up for the LCC payment plan. Any problems registering for classes please contact Bill Pawluk at (517) 483-1394 or pawluw@lcc.edu.

It is mandatory that you sign up for the LCC payment plan unless you intend on paying your LCC tuition and fees bill in full at the time of registration. The URL for signing up for the payment plan is listed below.

<http://www.lcc.edu/studentfinance/tuition/#FACTSPlan>

In District Total	In-State Total	Out of State Total	International Total
\$6,700.00	\$9200.00	\$11,815.00	\$13,115.00

The above costs are approximations, and are subject to change.

The costs are all inclusive for tuition, course fees, books, and all equipment. No other fees are required.

The first 30 students who register and confirm payment will be accepted into the fall fire academy.

STEP 5
REPORT TO CLASS

First Day of Academy Monday August 12th, 2019, 7:30 a.m.
West Campus Fitness Center, room M126
This day is MANDATORY!!!

YOU WILL NEED:

- Pencils, pens, and paper to take notes
- Something to carry your paperwork, books, and supplies
- Wear your workout clothes until instructed not to.
- Male students must be clean shaven with no facial hair below the corners of their mouth, no goatees, and no long side burns.
- Must be 18 years of age by December, 2019.
- Must not have a felony on record

Chief Bill Pawluk
Fire Science / Academy Coordinator
Lansing Community College

Information for Lansing Community College Fire Academy

Name _____
(last) (first) (middle)

LCC Student Number _____ Soc. Sec. Number _____

Date of Birth _____ SMOKE PIN # _____

Email Address _____

Present Address _____

(city) (state) (zip)

Telephone Numbers _____
(home) (cell)

Permanent Address (if different from above) _____

(city) (state) (zip)

Do you have any physical, medical, emotional, or personal conditions/problems that would:

1. **Prevent you from completing ANY or ALL course requirements?** ___Yes ___No
2. **Jeopardize other's health or safety?** ___Yes ___No
3. **Jeopardize your own health or safety?** ___Yes ___No

If yes to any of the above, please explain.

Have you ever been convicted of a criminal offense ___Yes ___No

If yes, please explain. (Note: Failure to provide this information may result in termination from the application process/program)

Signature

Date



Public Service Careers – M127
5708 Cornerstone Drive
Lansing, MI 48917
Phone: (517) 483-1394
Fax: (517) 483-9766

**LANSING COMMUNITY COLLEGE
REGIONAL FIRE TRAINING ACADEMY**

WAIVER OF LIABILITY

I waive all manner of action, causes of action, damages, claims, and demands by discharging the Lansing Community College Fire Academy, their agents and employees from any and all claims, demands, and liabilities on account of any and all injuries, losses, and damages to person or property which might be caused, by reason of training, while under the supervision of agents and employees of Lansing Community College Fire Academy.

Furthermore, I certify that I have medical insurance coverage and I acknowledge that I am responsible for all medical costs incurred including any insurance deductible.

This waiver is freely given with full knowledge and intention to absolve completely, absolutely, and finally, the aforesaid parties, their agents and employees from any claim or loss, injury or liability resulting from accident or other incident of unintentional origin.

I certify that I am _____ years of age. I have read and understand all the above. By signing my name below, I agree to all-inclusive provisions.

Print your name

Signature of Release/Date



**LANSING COMMUNITY COLLEGE
RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
JOB TASK ANALYSIS**

PURPOSE: This job task analysis is in response to Lansing Community College's Respiratory Protection Program. The Lansing Community College's Respiratory Protection Program requires the Fire Academy applicant to complete a physical medical exam at the, Professional Licensed Health Care Provider (PLHCP) of their choice. The Fire Academy Applicant must complete a medical evaluation questionnaire about previous injuries, illnesses, exposures to hazardous, or other toxic substances. This job task analysis is provided for the knowledge of the Fire Academy student and PLHCP, so they are aware of the physical requirements that will be performed while wearing a respirator or self-contained breathing apparatus, SCBA during Fire Academy training functions.

I. THE STUDENT WILL BE EXPECTED TO PERFORM:

- A. With firefighting ensemble and SCBA - weighs 75 pounds
- Cutting holes in pitched roofs elevated off the ground
 - Raising, lifting, and carrying ladders that weigh 75 – 100 pounds
 - Carry victims down ladders that weigh 120 – 250 pounds
 - Drag victims that weigh 120 – 250 pounds from rooms
 - Drag victims that weigh 120 – 250 pounds up and down stairs
 - Pulling charged hose
 - Pull charged and uncharged hose lines up several stories with ropes
 - Advance charged and uncharged hose lines up and down stairs and into rooms
 - Lift hose that weighs 35 – 50 pounds
 - Roll hose
 - Lift and use extrication equipment that weighs 35 – 75 pounds
 - Enter a restricted space
 - Enter a dark environment
 - Wear Level A and B hazardous material suits
 - Enter a high temperature (200° - 1500° F) at low visibility environment
 - Open windows with forcible entry tools
 - Open doors with forcible entry tools
 - Tie 8 different knots
 - Perform search patterns in limited visibility
 - Perform rescues in limited visibility
 - Extinguish and suppress A and B fire classifications
 - Advance a charged hoseline that provides 120 psi
 - Advance charged 1 ¼, 2 ½, and 5 inch hose lines
 - Connect hose lines to hydrants and fire apparatus
 - Connect hose lines for drafting
 - Erect portable ponds for drafting
 - Enter confined space
 - Apply foam with charged hose line operating at 200 psi
 - Extinguish flammable liquid fire with ABC dry chemical, CO², and pressurized water extinguishers.
 - Extinguish liquid propane gas fire as a member of a charged hose line team
 - Don and Doff SCBA
 - Don SCBA under 75 seconds
 - Don turn out gear under 2 minutes

II. STUDENT WILL BE EXPECTED TO PERFORM:

- A. In physical fitness attire
- Running five (5) under 60 minutes
 - Climb over 1,200 stairs in 60 minutes
 - Complete 100 pushups
 - Lift up to 50 – 100 pounds of weight

III. EQUIPMENT

- Axes
- Ladders

- Hose
- SCBAs
- Turn out gear
- Hazmat level A and B suits (A is encapsulated suit)
- Ropes
- Gas powered saws, fans, and generators
- Lights
- Nozzles
- Wrenches
- Hydrants
- Portable pond
- Fire truck
- Pry bars
- Pike poles
- Extrication spreaders, cutters, rams, and hydraulic pump
- Jacks, airbags, cribbing, and cutting tools
- Back boards
- Stretchers

IV. ENVIROMENTS

- Extreme elevated and cold temperatures -30° F - 1500° F
- Elevated humidity
- Limited visibility
- Restricted spaces
- Thick smoke
- Elevated heights
- Confined space
- Sub terrain
- Lift 50 – 250 pounds
- Breathing from limited air supply while performing physical activities
- Sunny conditions
- Windy conditions
- Rainy conditions
- Snowy conditions
- Icy conditions
- Slippery conditions
- Stressful conditions



Lansing Community College Respirator Medical Evaluation Questionnaire

- **Standard Number:** 29CFR1910.134 Appendix C
- **Standard Title:** OSHA Respirator Medical Evaluation Questionnaire (Mandatory)
- **Subpart Number:** I
- **Subpart Title:** Personal Protective Equipment

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the Physician:

The answers to these questions should guide your physical exam for this individual. They will be challenged physically and mentally during the Lansing Community College's Regional Fire Training Academy. They will be required to lift and carry bodies; lift and carry ladders; lift and carry auto extrication equipment; work in an environment over 300 F°; rain; cold; wind; snow; and ice. They will be required to do this work with approximately 75 lbs. of equipment on them for up to four (4) hours each day.

To the Recruit:

Can you read (circle one): Yes/No

You must have your Physician or other Licensed Health Care Professional (PLHCP) review this form with you.

Part A. Section 1. (Mandatory)

The following information must be provided by every recruit who will enter into the Lansing Community College Fire Academy Program and use a Self-Contained Breathing Apparatus (SCBA).

Please **print legibly** when completing this form.

1. Today's date: _____
2. Your name: _____
3. Your age: _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
8. The best time to phone you at this number: _____
9. Your PLHCP has reviewed this form with you? (circle one) Yes/No
10. The type of respirator you will be using is: An open circuit SCBA.
11. Have you ever worn a respirator (circle one): Yes/No

If "yes," what type(s):

_____?

Part A. Section 2. (Mandatory)

Questions 1 through 9 below must be answered by every recruit who will be using any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you **ever had** any of the following conditions?
 - a. Seizures (fits): Yes/No
 - b. Diabetes (sugar disease): Yes/No
 - c. Allergic reactions that interfere with your breathing: Yes/No
 - d. Claustrophobia (fear of closed-in places): Yes/No
 - e. Trouble smelling odors: Yes/No
3. Have you **ever had** any of the following pulmonary or lung problems?
 - a. Asbestosis: Yes/No
 - b. Asthma: Yes/No
 - c. Chronic bronchitis: Yes/No
 - d. Emphysema: Yes/No
 - e. Pneumonia: Yes/No
 - f. Tuberculosis: Yes/No
 - g. Silicosis: Yes/No
 - h. Pneumothorax (collapsed lung): Yes/No
 - i. Lung cancer: Yes/No
 - j. Broken ribs: Yes/No
 - k. Any chest injuries or surgeries: Yes/No
 - l. Any other lung problems that you've been told about: Yes/No
4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?
 - a. Shortness of breath: Yes/No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you **ever had** any of the following cardiovascular or heart problems?
 - a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you **ever had** any of the following cardiovascular or heart symptoms?
 - a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/No
 - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you **currently** take medication for any of the following problems?
 - a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures (fits): Yes/No

8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, answer (a) no and go to question 9):
- a. Have you ever used a respirator: Yes/No
 - b. Eye irritation: Yes/No
 - c. Skin allergies or rashes: Yes/No
 - d. Anxiety: Yes/No
 - e. General weakness or fatigue: Yes/No
 - f. Any other problem that interferes with your use of a respirator: Yes/No

You must answer Questions 9 – 14.

9. Have you **ever lost** vision in either eye (temporarily or permanently): Yes/No
10. Do you **currently** have any of the following vision problems?
- a. Wear contact lenses: Yes/No
 - b. Wear glasses: Yes/No
 - c. Color blind: Yes/No
 - d. Any other eye or vision problem: Yes/No
11. Have you **ever had** an injury to your ears, including a broken ear drum: Yes/No
12. Do you **currently** have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
 - b. Wear a hearing aid: Yes/No
 - c. Any other hearing or ear problem: Yes/No
13. Have you **ever had** a back injury: Yes/No
14. Do you **currently** have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
 - b. Back pain: Yes/No
 - c. Difficulty fully moving your arms and legs: Yes/No
 - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
 - e. Difficulty fully moving your head up or down: Yes/No
 - f. Difficulty fully moving your head side to side: Yes/No
 - g. Difficulty bending at your knees: Yes/No
 - h. Difficulty squatting to the ground: Yes/No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
 - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes" do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms, when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes", name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
 - a. Asbestos: Yes/No
 - b. Silica (e.g., in sandblasting): Yes/No
 - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
 - d. Beryllium: Yes/No
 - e. Aluminum: Yes/No
 - f. Coal (for example, mining): Yes/No
 - g. Iron: Yes/No
 - h. Tin: Yes/No
 - i. Dusty environments: Yes/No
 - j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services: Yes/No

If "yes" were you exposed to biological or chemical agents (either in training or combat):
Yes/No

8. Have you worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes" name the medications if you know them: _____

10. You will be expected to use the respirator up to 4 hours per day.

11. During the period you are using your respirator in your class your work effort is considered **Heavy** (above 350 kcal per hour).

Examples of heavy work are **lifting** a heavy load (about 50 lbs or more) from the floor to your waist or shoulder; climbing stairs with a heavy load (about 50 lbs or more).

12. You will be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator. Full firefighter turn out gear – coat, pants, boots, hood, gloves and helmet on top of street clothes with the SCBA.

13. You will be working under hot conditions (temperature exceeding 77 deg. F).

14. You will be working under humid conditions.

15. The work and any special or hazardous conditions you might encounter while using your respirator are: climbing ladders, confined spaces, fire suppression activities, hazardous material suits, carrying victims, and chopping holes with an axe on slanted roofs.

16. The following information, is about the toxic substances that you'll be exposed to when you're using your respirator:

Name of toxic substance: **Carbon Monoxide**

Estimated maximum exposure level per training session: **1,000 ppm**

Duration of exposure per training session: **10 minutes**

Name of toxic substance: **ABC Fire Extinguisher Powder**

Estimated maximum exposure level per training session: **550 ppm**

Duration of exposure per training session: **10 minutes**

Name of toxic substance: **Smoke**

Estimated maximum exposure level per training session: **1,000 ppm**

Duration of exposure per training session: **10 minutes**

The names of other toxic substances that you'll be exposed to while using your respirator: Class B Foam, Gasoline, Fuel Oil, Bar Chain Oil, Bleach, Hydraulic Oil, Anti-Fog solution for SCBA mask

17. Describe any special responsibilities you'll have while using your respirator that may affect the safety and well-being of others: **Rescue and Fire Suppression Activities.**

Recruit Signature

Date

Licensed Health Care Professional Signature

Date

To The Licensed Health Care Professional:

The student must submit this completed questionnaire form in with his/her completed physical form to the Fire Academy - Coordinator at Lansing Community College's West Campus, room M127 along with the application packet.

This form must accompany the application packet as well as the signed and dated physical form.