



**HCFMO Fire Training Field Use**

**SECTION I: GENERAL RESPONSIBILITIES**

The HCFMO Training Coordinator (or designee) shall complete this document after use of the HCFMO Fire Training Field. This document will serve to generate the Customer's invoice.

**Primary Responsibilities:**

Obtain all applicable billing and contact information for the Customer

Identify all facilities used during training

Identify all equipment utilized, LPG and other gases used, and any additional items used

**Ensure that the onsite Customer Representative reviews and signs this document**

**ENSURE THE COMPLETED DOCUMENT IS RETURNED TO P. DENNIS**

**SECTION II: CUSTOMER INFORMATION**

Company or Agency						
Billing Address						
	City		State		Zip Code	
Billing Contact				Contact Phone Number		
Billing Contact Email						
Physical Address <i>(if different )</i>						
	City		State		Zip Code	
Onsite Representative				Contact Phone Number		
Onsite Representative Email						

**SECTION III: TYPE OF TRAINING**

Live Fire		Rescue		Type of Rescue Training	
HazMat		HazMat Class Type			
Fire Investigation		Inspections		Other (specify)	
Total Number of Students (including Agency provided Instructors)					

**SECTION IV: FACILITY USE**

Facility Used	Dates Used	Facility List
<i>(use separate lines for additional Facilities)</i>		Classroom(s)
		Kitchen Prop Simulator
		Class "A" Burn Rooms Only
		All Burn Rooms and/or Tower Facility
		Connex Burn Cottage
		Rail Simulator
		HazMat Container Simulator
		General Field Use (non-specified)
		Other (Please specify)

**SECTION V: INSTRUCTOR/EQUIPMENT/FUEL/MISC. USE**

*Complete for Supplies/Services provided by HCFMO*

Instructor Use		Yes		No		Number Used		Total Hours	
Hay Bales		Plywood		SCBA Refills (Total # Bottles)		Field Apparatus Used		YES	NO
Total # Photo Copies (Black/White)					Total # Photo Copies (Color)				
Fuel Type Used					Quantity Used				
Fuel Type Used					Quantity Used				
Fuel Type Used					Quantity Used				
<b>Other Materials/Consumables Used (not specified above)</b>									
Item Name/Description							Quantity		

**SECTION VI: CREDIT**

*Check appropriate box if applicable, only one credit shall be applied.*

Harris County Firefighters Association Member	
State Firemen's & Fire Marshals' Association of Texas	
"Credit for labor" program member	

**SECTION VII: SIGNATURES**

HCFMO Employee Name:		Date:	
HCFMO Employee Signature:			
Agency Rep. Name:		Date:	
Agency Rep. Signature:			