



COMMERCE AND INSURANCE  
**Tennessee Commission on Fire Fighting**  
500 James Robertson Parkway, Suite 630  
Nashville, TN 37243 – 615-741-6780

## **Live Fire Training Requirements**

1. This standard shall be used to conduct all live fire training concerning acquired structures and/or training center buildings by definition of NFPA 1403.
2. The lead instructor and the incident commander shall share equal responsibility for all aspects of any live fire training.
3. All students will meet the prerequisites defined in NFPA 1403.
4. All persons participating in training shall meet OSHA 1910-134.
5. Any instructor wishing to teach live fire training in this State which will receive Commission credit, shall have to participate in a Live Fire Training Instructors course which has been approved by the Commission and pass a written test at the end of this class with a minimum passing score of 70%.
6. This class will be taught by personnel approved by the Commission on Fire Fighting Personnel Standards and Education with the only exceptions being the Tennessee Fire Academy on site facility.
7. The instructor in charge and the incident commander must attend and successfully complete a Tennessee Fire Fighting Commission-approved live fire training course and be a certified Instructor I by the Commission. All other instructors must be certified as Fire Department Instructor I by the Commission.
8. Departments must submit a completed application for live fire training for acquired structures to the Commission office 15 working days prior to training.
9. Any instructor that fails to meet any and all of these requirements shall be given written notice to appear in front of the Tennessee Commission on Fire Fighting for a disciplinary hearing. The instructors will be notified in writing of this hearing within accordance of Chapter 0360-5-1-.01.
10. No alcoholic beverages or drugs shall be on the training grounds at any time.
11. Any students participating in a live fire training exercise and appearing under the influence of drugs or alcohol shall not be permitted to participate in the exercise.





TN Commission on Fire Fighting  
**Live Fire**  
**Accountability Checklist**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number: \_\_\_\_\_

Incident Commander: \_\_\_\_\_ PSID# \_\_\_\_\_

Instructor In-Charge: \_\_\_\_\_ PSID# \_\_\_\_\_

Safety Officer(s): \_\_\_\_\_

Ignition Officer: \_\_\_\_\_

Accountability Officer: \_\_\_\_\_

Engineer on Primary Engine: \_\_\_\_\_

Engineer on Secondary Engine: \_\_\_\_\_

Inside Instructors: \_\_\_\_\_

\_\_\_\_\_

RIT Team: \_\_\_\_\_

\_\_\_\_\_

Incident Rehabilitation Officer: \_\_\_\_\_

Secondary Instructors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



TN Commission on Fire Fighting  
**Live Fire Checklist**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Permits, Documents, Notifications, Insurance

### Written Documentation Received From the Owner

YES	N/A	Permission to Burn Structure
YES	N/A	Proof of Clear Title
YES	N/A	Certification of Insurance Cancellation
YES	N/A	Acknowledgement of Post-burn Property Condition
YES	N/A	Local Burn Permit Received
YES	N/A	Permission Obtained to Utilize Fire Hydrants
YES	N/A	Notification Made to Appropriate Dispatch Office of Date, Time, and Location of Burn
YES	N/A	Notification Made to All Affected Police Agencies
YES	N/A	Received Authority to Block Off Roads
YES	N/A	Received Assistance in Traffic Control
YES	N/A	Notification Made to Owners and Users of Adjacent Property of Date, Time, and Location of Burn
YES	N/A	Liability Insurance Obtained Covering Damage to Other Property
YES	N/A	Written Evidence of Prerequisite Training Obtained From Participating Students From Outside Agencies
YES	N/A	Proper Paper Work Sent of Division of Air Quality and Fire Fighting Commission Office



TN Commission on Fire Fighting  
**Live Fire Checklist**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Pre-Burn Planning

### Pre-Burn plans made, showing the following:

- YES N/A Site Plan Drawing, Including All Exposures
- YES N/A Building Plan, Including Overall Dimensions
- YES N/A Floor Plan Detailing All Rooms, Hallways, and Exterior Openings
- YES N/A Location of Command Post
- YES N/A Position of All Apparatus
- YES N/A Position of All Hoses, Including Backup Lines
- YES N/A Location of Emergency Escape Routes
- YES N/A Location of Emergency Evacuation Assembly Area
- YES N/A Location of Ingress and Egress Routes for Emergency Vehicles
- YES N/A Available Water Supply Determined
- YES N/A Required Fire Flow Determined for the Burn Building and Exposure Buildings: Critical Flow=Building Length X Width X Height / 100= \_\_\_\_\_ GPM
- YES N/A Required reserve Flow Determined (50 Percent of Fire Flow) \_\_\_\_\_ GPM
- YES N/A Separate Water Sources Established for Attack and Backup Hose Lines
- YES N/A Periodic Weather Reports Obtained
- YES N/A Parking Areas Designated and Marked
- YES N/A Operations Area Established and Perimeter Marked
- YES N/A Communications Frequencies Established, Equipment Obtained Frequency and Channel Including PL \_\_\_\_\_



TN Commission on Fire Fighting  
**Live Fire Checklist**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Pre-Burn Procedures

- YES N/A Participants Briefed on Building Layout
- YES N/A All Participants Briefed on Crew and Instructor Assignments
- YES N/A All Participants Briefed on Safety Rules
- YES N/A All Participants Briefed on Building Evacuation Procedure
- YES N/A All Participants Briefed on Evacuation Signal and it is Demonstrated
- YES N/A All Hoselines Checked for Sufficient Size for the Area of Fire Involvement
- YES N/A All Hoselines Charged and Test Flowed
- YES N/A All Hoselines Supervised by Qualified Instructors
- YES N/A All Hoselines Have an Adequate Number of Personnel
- YES N/A Necessary Tools and Equipment Positioned
- YES N/A Participants Checked for Approved Full Protective Clothing
- YES N/A Participants Checked for Self-Contained Breathing Apparatus
- YES N/A Participants Checked for Adequate SCBA Air Volume
- YES N/A Participants Checked for all Equipment Properly Donned
- YES N/A All Participants Including Instructors Placed Through Incident Rehabilitation for a Baseline Set of Vital Signs



TN Commission on Fire Fighting  
**Live Fire**  
**Accountability Checklist**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Post-Burn Procedures

- |     |     |  |
|-----|-----|--|
| YES | N/A | Personnel Accounted For  |
| YES | N/A | Remaining Fires Overhauled, as Needed  |
| YES | N/A | Building Inspected for Stability and Hazards Where More Training is to Follow      |
| YES | N/A | Training Critique Conducted  |
| YES | N/A | Records and Reports Prepared as Required   |
| YES | N/A | Account of Activities Conducted  |
| YES | N/A | List of Instructors and Assignments  |
| YES | N/A | List of Other participants   |
| YES | N/A | Documentation of Unusual Conditions or Events                                      |
| YES | N/A | Documentation of Injuries Incurred and Treatments Rendered                         |
| YES | N/A | Documentation of Changes or Deterioration of Training Center Burn Building YES N/A |
| YES | N/A | Acquired Building Release  |
| YES | N/A | Student Training Records   |
| YES | N/A | Certification of Completion  |
| YES | N/A | Building and Property Released to Owner  |
| YES | N/A | Release Document Signed  |
| YES | N/A | Incident Rehabilitation  |



TN Commission on Fire Fighting  
**Live Fire Checklist**  
Responsibilities of Personnel

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Responsibilities of Personnel

### Instructor-In-Charge

YES	N/A	Plan and Coordinate All Training Activities
YES	N/A	Monitor Activities to Ensure Safe Practices
YES	N/A	Inspect Building Integrity Prior to Each Fire
YES	N/A	Assign Instructors to Attack Hose Lines
YES	N/A	Assign Instructors to Backup Hose Lines
YES	N/A	Assign Instructors to Functional Assignments
YES	N/A	Assign Instructors to Teaching Assignments
YES	N/A	Brief Instructors on Responsibilities of Accounting for Assigned Students
YES	N/A	Brief Instructors on Responsibilities of Assessing Student Performance
YES	N/A	Brief Instructors on Responsibilities of Clothing and Equipment Inspection
YES	N/A	Brief Instructors on Responsibilities of Monitoring Safety
YES	N/A	Brief Instructors on Responsibilities of Achieving Tactical and Training Objectives
YES	N/A	Assign Coordinating Personnel as Needed
YES	N/A	To EMS
YES	N/A	Communications
YES	N/A	Water Supply
YES	N/A	Apparatus Staging
YES	N/A	Breathing Apparatus
YES	N/A	Incident Rehabilitation
YES	N/A	Public Relations
YES	N/A	Ensure Adherence to This Standard by All Persons Within the Training Area
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate



## Safety Officer

YES	N/A	Prevent Unsafe Acts
YES	N/A	Eliminate Unsafe Conditions
YES	N/A	Intervene and Terminate Unsafe Acts
YES	N/A	Supervise Additional Safety Personnel, as Needed
YES	N/A	Coordinate Lighting of Fires With Instructor-In-Charge
YES	N/A	Ensure Compliance of Participants Personal Equipment With Applicable Standards
YES	N/A	Protective Clothing
YES	N/A	SCBA
YES	N/A	Personal Alarm Devices
YES	N/A	Ensure That All Participants Are Accounted for, Both Before and After, Each Evolution
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No persons under the influence of drugs or Alcohol Allowed to Participate

## Instructor

YES	N/A	Monitor and Supervise Assigned Students (No More Than Five Per Instructor)
YES	N/A	Inspect Students Protective Clothing and Equipment
YES	N/A	Account for Assigned Students, Both Before and After Evolutions
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate

## Student

YES	N/A	Acquire Prerequisite Training
YES	N/A	Become Familiar With Building Layout
YES	N/A	Wear Full Protective Clothing
YES	N/A	Wear Approved Self-Contained Breathing Apparatus
YES	N/A	Obey All Instructions and Safety Rules
YES	N/A	Provide Documentation of Prerequisite Training, Where From an Outside Agency
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate



TN Commission on Fire Fighting  
**Live Fire Checklist**  
**Evolution Objectives**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

Objective 1: \_\_\_\_\_

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Objective 2: \_\_\_\_\_

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Objective 3: \_\_\_\_\_

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Objective 4: \_\_\_\_\_

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Objective 5: \_\_\_\_\_

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Objective 6: \_\_\_\_\_

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TN Commission on Fire Fighting  
**Live Fire Checklist**  
**Evolution Objectives**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

Objective 7: \_\_\_\_\_

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Objective 8: \_\_\_\_\_

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Objective 9: \_\_\_\_\_

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Objective 10: \_\_\_\_\_

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Objective 11: \_\_\_\_\_

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Objective 12: \_\_\_\_\_

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TN Commission on Fire Fighting  
Live Fire Checklist  
Student Group Assignments

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Student Group Assignments

### Group 1

1. Team Leader:

2.

3.

4.

5.

### Group 2

1. Team Leader:

2.

3.

4.

5.

### Group 3

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting  
**Live Fire Checklist**  
Student Group Assignments

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number \_\_\_\_\_

## Student Group Assignments

### Group 4

1. Team Leader:

2.

3.

4.

5.

### Group 5

1. Team Leader:

2.

3.

4.

5.

### Group 6

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting  
**Live Fire Checklist**  
**Student Group Assignments**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number: \_\_\_\_\_

## Student Group Assignments

### Group 7

1. Team Leader:

2.

3.

4.

5.

### Group 8

1. Team Leader:

2.

3.

4.

5.

### Group 9

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting  
**Live Fire Checklist**  
**Student Group Assignments**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number: \_\_\_\_\_

## Student Group Assignments

### Group 10

1. Team Leader:

2.

3.

4.

5.

### Group 11

1. Team Leader:

2.

3.

4.

5.

### Group 12

1. Team Leader:

2.

3.

4.

5.





TN Commission on Fire Fighting  
**Live Fire Checklist**  
**Site Plan/Vehicle Staging**

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructor in Charge: \_\_\_\_\_

Instructor Live Burn Number: \_\_\_\_\_

Large empty rectangular box for site plan or vehicle staging details.

# Tennessee Commission on Fire Fighting Personnel Standards and Education

500 James Robertson Parkway, Suite 630  
Nashville, TN 37243-0579

## LIVE BURN STUDENT ROSTER

This form is to be completed and returned to the Commission office **AFTER** the live burn is completed. Only students who successfully complete the live burn exercises should be listed.

Host Department/Agency \_\_\_\_\_

Date \_\_\_\_\_ Live Burn # \_\_\_\_\_

Number of Students Successfully Completing \_\_\_\_\_

Lead Instructor \_\_\_\_\_  
Printed Signature

Incident Commander \_\_\_\_\_  
Printed Signature

## STUDENTS

NAME PRINTED	PSID #	FIRE DEPARTMENT	SIGNATURE

