

**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 (if different)						
	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		
Other Materials/Consumables Used (not specified above)						
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:			