

Timbrook Public Safety Center  
231 East Piccadilly Street, Ste. 330  
Winchester, VA 22601

Telephone: (540) 662-2298  
FAX: (540) 542-1318  
Website: [www.winchesterva.gov](http://www.winchesterva.gov)

Virginia Department of Fire Programs  
Grants and Local Aid Manager  
Attn: Burn Building Grant Administration  
1005 Technology Park Drive  
Glen Allen, VA 23059-4500

Department of Fire Programs

MAY 22 2015

Administration

May 21, 2015

Dear Grant Manager,

Attached is our application for a burn building grant. Last month at the fire service board meeting we were advised to apply for a burn building grant based on the availability of training funds. We have attached all necessary information as requested according to the application process. If you have any further questions please feel free to contact us.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "J.D. Orndorff".

J.D. Orndorff

# Department of Fire Programs



Commonwealth of Virginia  
Department of Fire Programs

MAY 22 2015

**ATTACHMENT A**  
**Burn Building Grant Application**  
**Construction, Renovation, or Repair**

Administration

<b>A. Applicant Information</b>	
1. Title of Jurisdiction Making Application <small>(Check <input checked="" type="checkbox"/> only one, then make entry)</small>	County of _____ City of <u>Winchester</u> Incorporated Town of _____
2. Employer Identification Number (EIN)	[REDACTED]
3. Principal Point of Contact	<small>(Include salutation, name &amp; title.)</small> <b>MR. J.D. Orndorff, Battalion Chief</b>
4. Mailing Address <small>(Include zip code+4)</small>  Identify COUNTY if appropriate →	<b>231 E. Piccadilly Street Winchester VA, 22601</b>
5. Telephone Number	( 540 662-2298
6. FAX Number	( 540 542-1318
7. Internet e-mail address	<u>james.orndorff@winchesterva.gov</u>
8. Application Scope <small>(Check <input checked="" type="checkbox"/> only one)</small>	<input type="checkbox"/> Sole Jurisdiction as identified in [A] <input checked="" type="checkbox"/> Multiple Jurisdictions - Complete [F]

<b>B. Facility Information</b> (Burn Building)	The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.
1. Current / Proposed Owner of Facility	<small>(Party holding /to hold title to the property)</small> <b>City of Winchester</b>
2. In-Service Date or Age of Structure	<small>(Leave blank if NOT an existing structure as reported in [C1] below.)</small> Date _____ <input checked="" type="checkbox"/> Unknown If unknown, enter approximate age in years <span style="float: right;">34</span>
3. Address of Structure <small>(If appropriate, identify COUNTY where located.)</small>	<b>1716 Woodstock Lane Winchester VA, 22601</b>
4. Will the renovation or repair bring the the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage? If no, explain in 6. Comments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFP Project Manual for Burn Building Props and the current standard of NFPA 1403? If no, explain in 6. Comments.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Comments (pertaining to Facility)	<input type="checkbox"/> None <b>On site we have an existing one story burn structure that does not meet current VDFP standards for certification burns. Our intent, is to maintain this structure for non-burn training and attach the proposed 2 story building to this structure.</b>

# Department of Fire Programs

MAY 22 2015

<b>C. Facility Usage</b>																																													
<b>1. Number of annual burns</b> (must be documented)  (for New construction, this figure is projected)	VDFP FFI burns <span style="color: blue;">Administration</span> <input style="width: 50px; text-align: center;" type="text" value="3"/> (in compliance with NFPA 1403 standards)  VDFP FFII burns <input style="width: 50px; text-align: center;" type="text" value="2"/> (in compliance with NFPA 1403 standards)  Other Burns <input style="width: 50px; text-align: center;" type="text" value="8"/> (specify types of burns)																																												
<b>2. Travel to another facility</b>	Distance traveled to closest alternate facility <input style="width: 50px; text-align: center;" type="text" value="32"/> (in miles)  Time traveled to closest alternate facility <input style="width: 50px; text-align: center;" type="text" value="1"/> (rounded to whole hours)																																												
<b>3. Other localities served</b> (list number of stations and number of firefighters served for each locality)  (for New construction, this figure is projected)  (if more than 5 localities are served, additional localities must be included on Additional Localities Served tab)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name of Locality</td> <td style="border: 1px solid black; padding: 2px;">Winchester Fire and Rescue</td> </tr> <tr> <td style="padding-left: 20px;">Number of stations</td> <td style="border: 1px solid black; text-align: center; width: 50px;">4</td> </tr> <tr> <td style="padding-left: 20px;">Number of Firefighters</td> <td style="border: 1px solid black; text-align: center;">100</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Name of Locality</td> <td style="border: 1px solid black; padding: 2px;">Clarke County Fire and EMS</td> </tr> <tr> <td style="padding-left: 20px;">Number of stations</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td style="padding-left: 20px;">Number of Firefighters</td> <td style="border: 1px solid black; text-align: center;">110</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Name of Locality</td> <td style="border: 1px solid black; padding: 2px;">Frederick County F&amp;R</td> </tr> <tr> <td style="padding-left: 20px;">Number of stations</td> <td style="border: 1px solid black; text-align: center;">11</td> </tr> <tr> <td style="padding-left: 20px;">Number of Firefighters</td> <td style="border: 1px solid black; text-align: center;">172</td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Name of Locality</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding-left: 20px;">Number of stations</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding-left: 20px;">Number of Firefighters</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>Name of Locality</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding-left: 20px;">Number of stations</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding-left: 20px;">Number of Firefighters</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td style="text-align: right;">TOTAL NUMBER OF STATIONS SERVED (from above and add')</td> <td style="border: 1px solid black; text-align: center;">18</td> </tr> <tr> <td style="text-align: right;">TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')</td> <td style="border: 1px solid black; text-align: center;">382</td> </tr> </table>	Name of Locality	Winchester Fire and Rescue	Number of stations	4	Number of Firefighters	100			Name of Locality	Clarke County Fire and EMS	Number of stations	3	Number of Firefighters	110			Name of Locality	Frederick County F&R	Number of stations	11	Number of Firefighters	172			Name of Locality		Number of stations		Number of Firefighters				Name of Locality		Number of stations		Number of Firefighters				TOTAL NUMBER OF STATIONS SERVED (from above and add')	18	TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')	382
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<b>4. Maintenance of facility</b>  (for New construction, skip Section C.4. Section E.2. MUST be completed)	Annual Maintenance Inspections <input type="checkbox"/> Yes <input type="checkbox"/> No (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)  Previous Repair Projects <input type="checkbox"/> Yes <input type="checkbox"/> No (documentation MUST be provided with application for most recent repairs)																																												

**D. Project Description**

<p>1. Level of work proposed (Check <input checked="" type="checkbox"/> only one)</p>	<p><input checked="" type="checkbox"/> NEW Construction where no such structure previously existed  <input type="checkbox"/> RENOVATION of an existing burn building or substantially similar structure  <input type="checkbox"/> REPAIR of an existing burn building (up to \$10,000)</p>
<p>2. Type of Building (proposed or existing)</p>	<p><input checked="" type="checkbox"/> Class A fuel      <input checked="" type="checkbox"/> Prototype I plans (brick, block, concrete)  <input type="checkbox"/> Class B fuel      <input type="checkbox"/> Prototype II plans (steel frame)  <input type="checkbox"/> Other*</p> <p><input type="text" value="1,750"/> Square Footage of Building (proposed or existing)</p> <p><input type="text" value="2"/> Number of Burn Rooms on 1st floor  <input type="text" value="2"/> Number of Burn Rooms on 2nd floor</p> <p><b>For New Construction:</b>          *If building plans deviate from Prototype I or II, applicant <b>MUST</b> define building concept and include proposed plans with application.</p> <p><b>For Renovations or Repairs:</b>          *If building plans deviate from Prototype I or II, applicant <b>MUST</b> include copy of existing building plans with proposed renovations/repairs.</p>
<p>3. Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)</p>	<p>Has an A/E study already been completed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>If so, is a copy attached to this application?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>
<p>4. Condemnation and/or fitness for use  (Leave [C4] blank if this application is for totally new construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)</p>	<p>Is this structure still in use for certification of FFI and FFII at the time of application?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, is there currently a scheduled date to remove the structure from service? <input type="text"/> Yes <input type="text"/> No</p> <p>If yes, enter the month &amp; year: _____</p> <p>If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>If yes, is a copy of such order attached to this application?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</p>

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<b>E. Financial Plan</b>	An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.	
<b>1. Project Budget (Capital Expend)</b>		
<b>a. Expense</b>		
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/> )	\$ 560,000.00	<input type="checkbox"/> Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/> )	\$ 30,000.00	<input type="checkbox"/> Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/> )	\$ 590,000.00	<input type="checkbox"/> Unknown at time of application
<b>b. Revenue</b>		
i. Grant Funding Being Requested New construction maximum \$430,000	\$ 485,000.00	
ii. Matching / Cost Share Funds	\$ 105,000.00	
iii. Source of Matching Funds (local contributions, donations, etc.)	Capitol Improvement Budget Item	
<b>2. Operating Budget (Maint. Expend)</b>		
a. Is there a financial agreement among partnering localities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
b. Is there a local budget for annual maintenance costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is there a local budget for annual inspection costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Is there a local budget for 5-year inspection costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>F. Additional Parties of Interest</b>  (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required.
<b>1. NON-Applicability</b>	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
<b>2. Formal Agreement Among Parties</b>	Is there a formal agreement among parties with regard to the <b>proposed project</b> ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Is there a formal agreement among parties with regard to the <b>shared use of the facility</b> ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

<b>2a. Complete one each for ALL other Parties of Interest</b>	Number <input type="text" value="2"/> of a total of <input type="text" value="3"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)						
<b>2b. Title of Jurisdiction</b>  (Check <input checked="" type="checkbox"/> only one, then make entry )	<table border="1"> <tr> <td data-bbox="581 951 690 987"><input checked="" type="checkbox"/></td> <td data-bbox="690 951 1437 987">County of <u>Frederick</u></td> </tr> <tr> <td data-bbox="581 987 690 1022"><input type="checkbox"/></td> <td data-bbox="690 987 1437 1022">City of _____</td> </tr> <tr> <td data-bbox="581 1022 690 1062"><input type="checkbox"/></td> <td data-bbox="690 1022 1437 1062">Incorporated Town of _____</td> </tr> </table>	<input checked="" type="checkbox"/>	County of <u>Frederick</u>	<input type="checkbox"/>	City of _____	<input type="checkbox"/>	Incorporated Town of _____
<input checked="" type="checkbox"/>	County of <u>Frederick</u>						
<input type="checkbox"/>	City of _____						
<input type="checkbox"/>	Incorporated Town of _____						
<b>2c. Employer Identification Number (EIN)</b>	<div style="background-color: black; width: 100%; height: 20px;"></div>						
<b>2d. Principal Point of Contact</b>	(Include salutation, name & title.) <b>Mr. Denny Linaburg, Fire Chief</b>						
<b>2e. Mailing Address</b>  Identify COUNTY if appropriate →	(Include zip code+4) <b>1080 Coverstone Drive          Winchester, Virginia 22602          Frederick</b>						
<b>2f. Telephone Number</b>	( 540 ) 665-5618						
<b>2g. FAX Number</b>	( 540 ) 678-4739						
<b>2h. Internet e-mail address</b>	<b>dlinabur@fcva.us</b>						

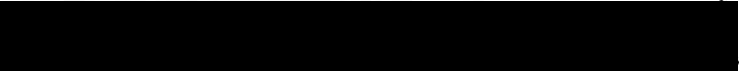
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<b>F. Additional Parties of Interest</b>  (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	<p>Is there a formal agreement among parties with regard to the <b>proposed project</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, is a copy attached to this application?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a formal agreement among parties with regard to the <b>shared use of the facility</b>? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, is a copy attached to this application?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

{ Reproduce and complete as many additional blocs as may be necessary for complete disclosure. }

2a. Complete <u>one each</u> for ALL other Parties of Interest	Number <input type="text" value="3"/> of a total of <input type="text" value="3"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction  (Check <input checked="" type="checkbox"/> only one, then make entry )	<input checked="" type="checkbox"/> County of <u>Clarke</u> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2c. Employer Identification Number (EIN)	
2d. Principal Point of Contact	(Include salutation, name & title.) <b>Mr. Frank Davis, Director</b>
2e. Mailing Address  Identify <b>COUNTY</b> if appropriate →	(Include zip code+4) <b>101 Chalmers Court, Suite B Berryville, Virginia 22611 Clarke</b>
2f. Telephone Number	( 540 ) 955-5113
2g. FAX Number	( 540 ) 955-5170
2h. Internet e-mail address	fdavis@clarkecounty.gov

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**G. Electronic Transfer of Funds Information**

Note ☞ The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically, disbursement will be delayed until this information is properly provided.

1. Account Ownership Information  
Employer Identification Number

[REDACTED]

Complete next three (3) entries ONLY if Name is different than ACCOUNT TITLE as it appears in [E2].  
(Last, First, Initials)

NAME

\_\_\_\_\_  
(Telephone Number)

MAIN

\_\_\_\_\_  
(Telephone Number)

ALTERNATE

\_\_\_\_\_

2. Direct Deposit Account Information  
(Check  one Type of Account)

Checking

Savings

(9 digits)

ROUTING TRANSIT NUMBER

[REDACTED]

ACCOUNT NUMBER

[REDACTED]

ACCOUNT TITLE

[REDACTED]

FINANCIAL INSTITUTION

[REDACTED]

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Note ☞ This section of the application **MUST** be properly executed for the application to be complete. Certification may be completed by:

- City Manager /or/ Deputy
- County Administrator /or/ Deputy
- Town Manager /or/ Mayor
- Or other duly authorized official but only when the application is accompanied by a copy of an 'Ordinance' or other formal instrument clearly granting that party such authority.

*Only completed applications can be acted upon.*

## CERTIFICATION

This application is made on behalf of the jurisdiction above described [ A ] with the full knowledge and belief that all representations herein made are true and correct.

Eden E. Freeman  
Signature

21 May 2015  
Date

Eden Freeman  
Printed Name

City Manager  
Title

( All applications **must** be notarized to be considered – incomplete forms shall be returned.)

State of Virginia }  
City / County of Winchester }

On this 21st day of May (month) in 2015 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared Eden E. Freeman to me known ( or to me proved ) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed.

My Commission expires: 8-31-18  
Date

Judy K. Combs  
Notary Public

{Seal}





COUNTY OF FREDERICK, VIRGINIA

FIRE AND RESCUE DEPARTMENT

1080 Coverstone Drive  
Winchester, VA 22602

Dennis D. Linaburg  
Fire Chief

RECEIVED MAY 14 2015

May 11, 2015

Chief Allen Baldwin  
Winchester City  
Fire & Rescue Dept.  
231 E. Piccadilly Street, Suite 330  
Winchester, VA 22601

Dear Chief Baldwin:

On behalf Frederick County, we are writing this letter to acknowledge support for the Regional Training Center located in Winchester, VA. It is our belief that a Regional Training Center with a Class "A" burn building is the most cost effective for our jurisdiction and departments. We do not have funding available to build a burn building or training center on our own.

It is our understanding Winchester Fire and Rescue Department is pursuing a grant from Virginia Department of Fire Programs for a prototype I, Class "A" building. We fully support their effort in obtaining this grant. If awarded, we intend to establish a memorandum of understanding (MOU) between Frederick County Fire and Rescue and Winchester Fire and Rescue Department regarding the use and upkeep of such a facility.

Sincerely,

Dennis D. Linaburg  
Chief

Department of Fire Programs

MAY 22 2015

Administration



**County of Clarke, Virginia**  
**Department of Fire & EMS**

**101 Chalmers Court, Suite B, Berryville, Virginia 22611**  
**540-955-5113 Fax: 540-955-5170**

May 19, 2015

Dear Chief Baldwin,

This letter serves as notification of Clarke County's intent to support the concept of a Regional Training Center for our area. In our opinion, this concept would be in the best interest of our surrounding counties and municipalities. A facility would support the needs for training not only now but in the many years to come. If you have any questions please don't hesitate to contact me.

Sincerely,

Frank Davis  
Director  
[fdavis@clarkecounty.gov](mailto:fdavis@clarkecounty.gov)

Department of Fire Program


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**City of Winchester  
Fire & Rescue Department  
STANDARD OPERATING PROCEDURE**



<b>Section:</b> Training	<b>SOP:</b> 12.2
<b>Subject:</b> Training Center Operations Manual	<b>Executed:</b> February 1994 <b>Revised:</b> May 10, 2011
<b>Approved:</b>  Scott Cullers, Fire Chief	

Department of Fire Programs

MAY 22 2015

**PURPOSE**

To ensure the safe and equitable use of the Winchester Regional Training Center for Emergency Services (hereafter referred to as the Training Center) while conducting training exercises.

**SCOPE**

The scope of this document will include administrative and operational procedures for all classroom and practical evolutions conducted at this facility.

**REGULATIONS**

Use of the training center shall, at a minimum, follow the regulations set forth by the Virginia Department of Fire Programs (VDFP) as follows:

- VDFP Instructor Manual, Section IS-1 – Instructors for VDFP Programs
- VDFP Instructor Manual, Section IS-2 – Policies Governing Training Courses
- VDFP Instructor Manual, Section IS-3 – Safety in Training
- VDFP Instructor Manual, Section IS-4 – Conduct of High Risk Training Activities
- VDFP Instructor Manual, Section IS-7 – Policies for Conducting Live Fire Training Evolutions

**FISCAL AGENT**

The jurisdiction having authority for the Training Center shall be the Winchester Fire and Rescue Department. The Officer-in-Charge of training for the department, or his/her designee, is responsible for coordination of all training activities and maintenance at the facility.

**SCHEDULING OF EVENTS**

1. Scheduling of events shall be managed by the Winchester Fire and Rescue Department Training Officer.

2. Priorities for scheduling shall be given first to regional schools, second to locally sanctioned schools, and third to all others. In order to assure your first choice of dates, early application is recommended.
3. The Winchester Fire and Rescue reserves the right to deny any training request received without cause or explanation.

Department of Fire Programs

## REPORTS AND DOCUMENTATION

MAY 22 2015

### 1. Application for Use

- a. This form shall be completed and returned to the Winchester Fire & Rescue Department at least seven (7) days prior to usage. The form must be completed in its entirety and signed by the On-Site Coordinator, Chief Officer or Lead Instructor. Any incomplete applications will be returned to the applicant and scheduling may be delayed.
- b. Applications can be found in Appendix C of this document. All applications shall be mailed or faxed to the attention of the Training Officer at:

Winchester Fire & Rescue  
Attn: Training Officer  
231 E. Piccadilly St., Suite 330  
Winchester, VA 22601  
Phone 540-662-2298 Fax: 540-542-1318

### 2. Injury/Illness Report

- a. Emergency care shall be provided immediately upon notification of an injury while using the training facility.
- b. All injuries sustained while at the training center shall be reported on the form contained in Appendix B and submitted to the attention of the Training Officer as outlined above.
- c. In addition, any significant injury, or one that requires transport of the patient to a medical facility will require the notification to the on-call Winchester Fire and Rescue Battalion Officer. Contact of the Battalion Officer may be made through the Winchester Emergency Communication center at 540-662-4131.

### 3. Summary Report

- a. A summary of use shall be reported for all entities using the training center. This form is contained in Appendix D of this document and shall be completed after each use of the facility. A copy of any injury reports must be included with the summary report.

- b. This report shall be submitted to the Winchester Fire and Rescue Department within seven (7) days of the completion of the training exercise to the attention of the Training Officer as outlined above.

## **FACILITIES**

The Training Center is comprised of a one (1) story classroom, one (1) story structural burn building, a three (3) story ladder tower, male and female restrooms with showers, RIT house, Mayday simulator, Roof simulator, chemical railcar and a two (2) hydrant water supply system. On site pre-inspection can be arranged by appointment by contacting the Training Officer. It shall be the responsibility of the user to provide necessary expendable and non-expendable items for their prescribed training exercises.

Applications received by agencies other than Winchester and Frederick County Fire and Rescue shall require onsite personnel from either jurisdiction. This person will be compensated at the hourly rates (minimum 8 hours) as set forth below.

Non-expendable items may be obtained through the Winchester Fire and Rescue Department at the time of application. The fee schedule is listed below.

All fees associated to the use of the training center shall be payable to the City of Winchester.

A map of the facility along with a list of available resources found at the Training Center is provided in Appendix A of this document.

## **ON SITE INSTRUCTOR AND SAFETY OFFICER RESPONSIBILITIES**

The ON-SITE INSTRUCTOR is responsible for seeing that the policies and procedures for the use of the training center are followed. He/She shall assist the safety officer in assuring the safety of those involved in evolutions is maintained. The Coordinator may serve as the Safety Officer during practical evolutions, but not serve as an instructor of practical evolutions while serving as an On Site Instructor.

1. Read and understand this Standard Operating Procedure.
2. Schedule the use of the facility
  - a. Complete application for use at least 7 days in advance.
  - b. Gain approval
3. Obtain proper personnel for the training exercise(s) being conducted **MAY 22 2015**
  - a. As outlined in the regulatory documents listed above
4. Conduct of personnel and students
  - a. Maintain order at all times

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- b. Use indoor restrooms
- c. Keep language clean
- d. Keep noise levels low
- e. Drive in and out in a slow, safe manner
- f. Clean up trash
- g. Have respect for neighborhood and other personnel
- h. Don't park on others' property

5. Termination of Session Before Leaving the Training Center

- a. All trash and debris placed in proper receptacles and secured
- b. All electrical lights, heat, etc. are turned off (In winter/freezing temperatures leave heat in both restrooms is left on 50° F) Switches and thermostats are used to turn off lights, heat, etc. not breakers
- c. All buildings, doors, and windows are closed up. All doors that are lockable are locked.
- d. All buildings are cleaned and straightened up
- e. All water is off, hydrants, bathrooms, outlet in Tower
- f. All fires are completely out and debris moved to the exterior burn pad
- g. All hose draining, neatly on asphalt
- h. All personnel have exited facility
- i. Gate is closed and locked
- j. ECC is informed when participants are finished
- k. All reports are completed

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## COMMUNICATIONS

The On-Site Instructor shall have a means of communicating to the local Emergency Communications Center. This communication may be direct or through another agency. The ECC shall be kept informed of the use of the Training Center for any live fire evolutions, either within or outside the Structural Building.

## TERMINATION OF SESSION

Upon completion of a training session, the facility shall be policed for trash and debris, and all found shall be placed in appropriate receptacles.

In the event that the Structural Building was used all fires and smoldering materials shall be completely extinguished. All debris shall be cleared from the building and the burn boxes. Debris shall be washed, swept, carried to the large concrete pad outside the south double doors. Be careful not to block the doors with debris. After the building is cleaned out all roof scuttles, windows and doors are to be closed.

All buildings are to be secured with doors and windows closed and locked where possible. All lights are to be turned off and heating and air conditioning controls turned to their original positions. The front gate is to be closed and locked.

The On-Site Instructor is responsible for ensuring that the Training Center is secured prior to leaving. The Coordinator is also responsible for ensuring that the Training Center Summary Report is completed, noting any injury or deficiencies found at the Center.

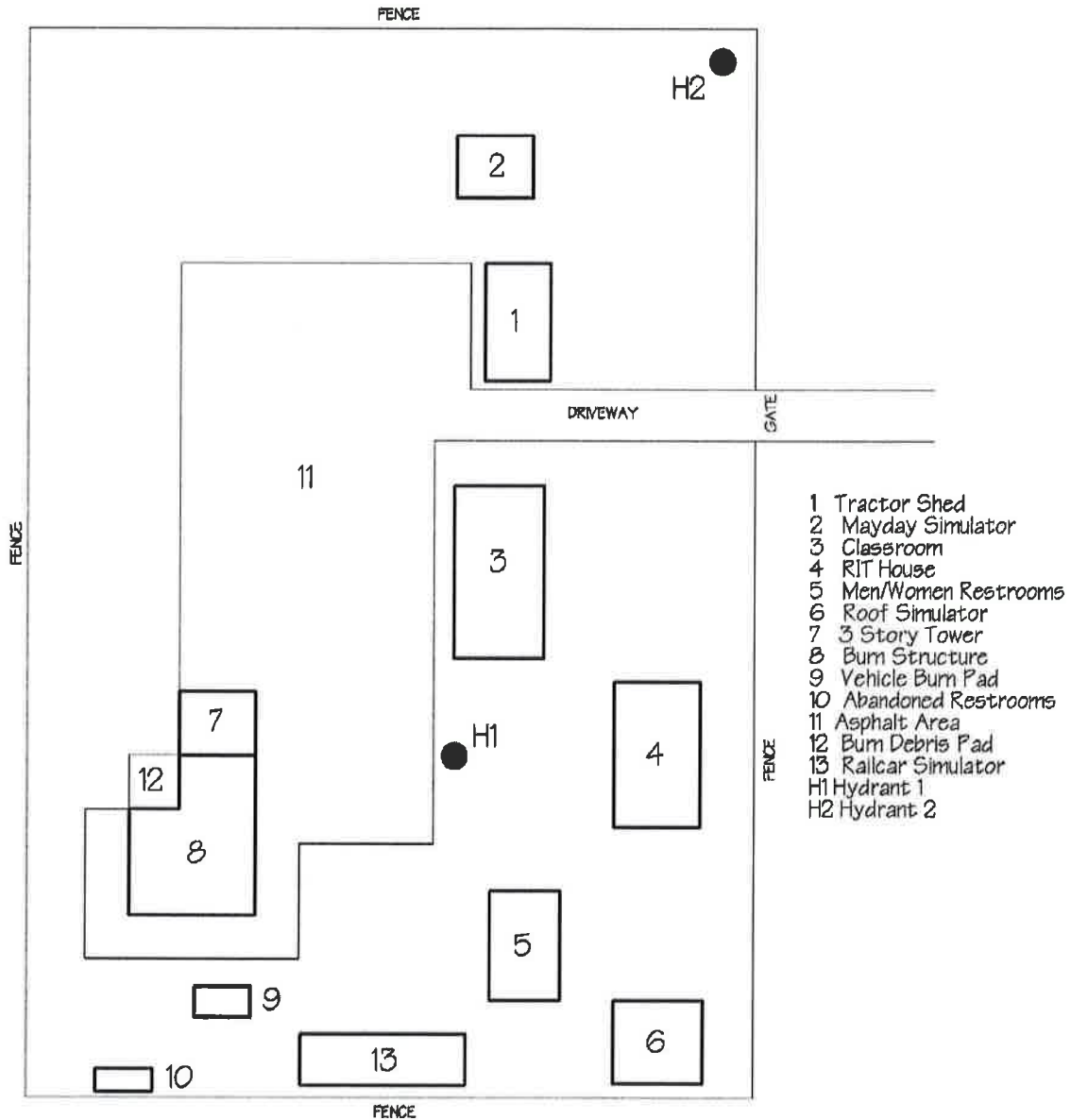
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APPENDIX A



WINCHESTER REGIONAL FIRE TRAINING CENTER  
 1716 WOODSTOCK LANE  
 WINCHESTER, VA 22602

Department of Fire Program

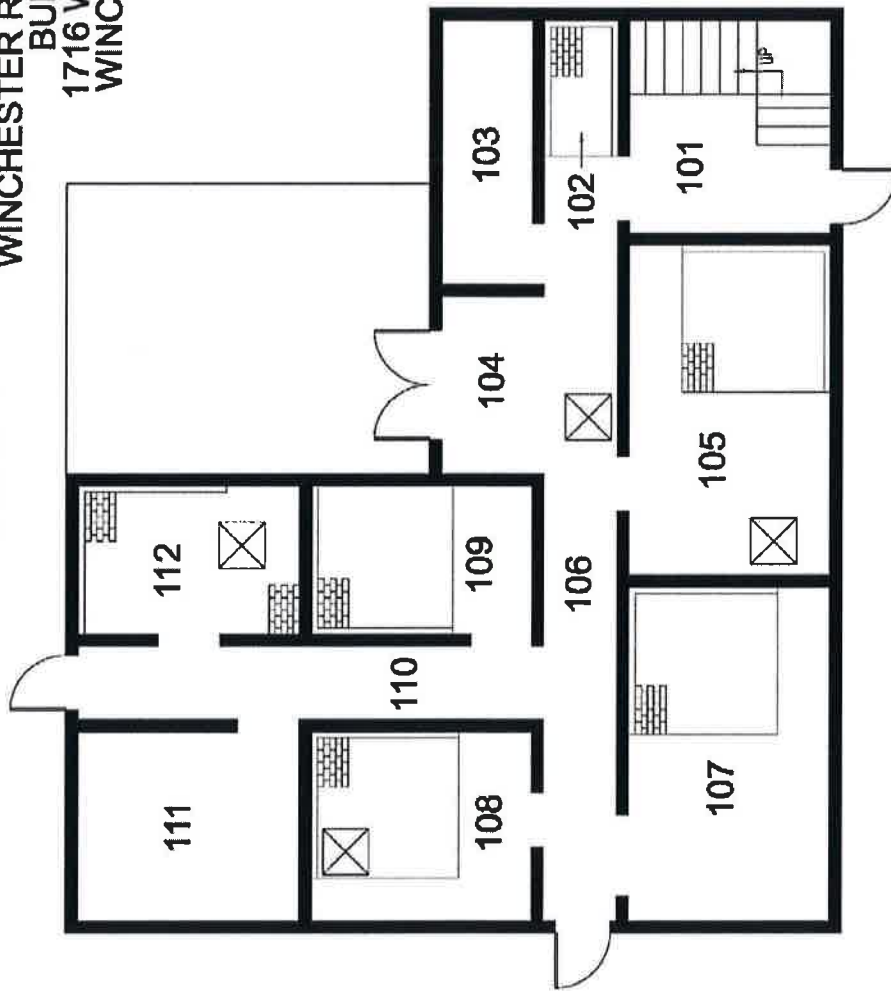
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WINCHESTER REGIONAL TRAINING CENTER  
BURN STRUCTURE  
1716 WOODSTOCK LANE  
WINCHESTER, VA 22602

SIDE C

SIDE D



SIDE A

SIDE B

Department of Fire Programs

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Administration

**APPENDIX B**



Department of Fire Programs

**MAY 22 2015**

Administration

Winchester Regional Training Center  
**INJURY/ILLNESS REPORT**

- Record of Rehabilitation (Page 2 Only)
- Record of Minor Injury (Not requiring Medical Facility Treatment)
- Injury Requiring Treatment at a Medical Facility  
Duty Officer/Supervisor Notified: \_\_\_\_\_

Name

**To be completed by injured person:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**Please completely answer the next three questions:**

1. What activity (cause of injury) were you involved in when injured or became ill?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How did injury or illness occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the nature and location of your injury?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Received:

---

---

---

Location of Treatment:

---

EMS Personnel / Attending Physician

---

This form does not take the place of any other form (insurance, workmen's compensation, casualty, state or local). The injured person is still responsible for other forms and/or billings.

---

Signature of Injured \_\_\_\_\_ Date \_\_\_\_\_

Department of Fire Program

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All forms should be sent to:  
**Attn: Training Officer**  
**Winchester Fire and Rescue**  
**231 E. Piccadilly St., Suite 330, Winchester, VA 22601**  
**Phone 540-662-2298 Fax: 540-542-1318**

**APPENDIX C**



Department of Fire Program

**MAY 22 2015**

Administration

Winchester Regional Training Center  
**Application for Use**

Date of Request: \_\_\_\_\_

Requesting Agency/Company \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Requesting Agency's,/Company's Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Training to be Conducted: \_\_\_\_\_

Facilities to be Used: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

On-Site Coordinator: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

Lead Instructor: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Assistant Instructor(s): \_\_\_\_\_

\_\_\_\_\_

Certification Levels: \_\_\_\_\_

Resources Requested:

---

---

---

User's Fee: \$ \_\_\_\_\_

---

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I \_\_\_\_\_ of the \_\_\_\_\_  
Name Agency

agree to follow all rules and policies of the Winchester Regional Training Center Operation Manual and all nationally recognized, established safety guidelines while using the this Training Facility. I also will be responsible for all students/participants and any damage that may be caused I also know that the City of Winchester, the Winchester Fire & Rescue Department, and staff assume no liability for injuries occurring as a result of the use of this facility.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

---

Please do not write below this line

Approval Winchester Fire & Rescue Department

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Department of Fire Program

MAY 22 2015

Administration

All forms should be sent to:  
**Attn: Training Officer**  
**Winchester Fire and Rescue**  
231 E. Piccadilly St., Suite 330, Winchester, VA 22601  
Phone 540-662-2298 Fax: 540-542-1318

**APPENDIX D**



Winchester Regional Training Center  
**Summary Report**

Date of Report: \_\_\_\_\_ Date Facility Used: \_\_\_\_\_

Agency: \_\_\_\_\_

Date Facility Used: \_\_\_\_\_

Type of Training Conducted: \_\_\_\_\_

Buildings and Resources Used: \_\_\_\_\_

Total # Personnel: \_\_\_\_\_

Total Hours Used: \_\_\_\_\_

Injuries: (circle)  No  Yes (attach report)

Damage to Facilities: (circle)  No  Yes

Explain/Comments: \_\_\_\_\_

Name of person completing report: \_\_\_\_\_

Signature: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

All forms should be sent to:  
**Attn: Training Officer**  
**Winchester Fire and Rescue**  
**231 E. Piccadilly St., Suite 330, Winchester, VA 22601**  
**Phone 540-662-2298 Fax: 540-542-1318**