



**Middletown Township Fire Department
 Training Academy
 1 Kings Highway
 Middletown, NJ 07748
 732-615-3280 / 732-957-9369 (Fax)
 www.middletownfireacademy.com**



FACILITY REQUEST FORM

INSTRUCTIONS: Complete this form and return to the Training two weeks prior to requested date(s). The Academy does not guarantee the availability of the facility, its instructors, safety personnel, or equipment on any given date. The academy is not responsible for any damages or costs incurred by any organization using the facility.

CONTACT INFORMATION

First Name		M	Last Name	
Date	Title	Company	Department	
Phone (H)		Phone (M)	Email	

DATES & DRILL TOPIC (Attach pre-determined drill outline [if applicable])

Date & Time Requested (1 st Choice)	Date & Time Requested (2 nd Choice)
Pre-determined Drill Topic	Requested Drill Topic

INSTRUCTORS (The Training Academy [TA] must ensure an adequate number of Instructors based on the training requested. MTFD companies must list the lead instructor and those TA Instructors attending drill)

Lead Instructor	Additional Instructor
Additional Instructor	Additional Instructor

FACILITIES & EQUIPMENT REQUESTED (Check all that apply)

Drill Tower (Burn Room)	<input type="checkbox"/>	Flashover Chamber	<input type="checkbox"/>	SCBA Maze	<input type="checkbox"/>
Drill Tower	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>
Burn Pad (Car Fires)	<input type="checkbox"/>	Peaked Roof	<input type="checkbox"/>	Drafting Pond	<input type="checkbox"/>
Burn Pad (Extrication)	<input type="checkbox"/>	Flat Roof	<input type="checkbox"/>		

Smoke Machine: _____ Non-Toxic Smoke: _____ Apparatus: _____ Fuel: _____
 Cars: _____ Rope Rescue: _____ Friction Force: _____ Bullex ITS Trainer: _____

ACADEMY USE ONLY

Date Received	Received By	Request Confirmed/Scheduled Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation Date
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"Training the best for the worst"