

Susanville Fire Department

Public Education Program

Scheduling

257-5535 (FAX)

Date _____
Name of person requesting _____
Type of program School Extinguisher Station Tour _____
Facility for program Fire Department _____
Address for presentation _____
Requesting persons affiliation _____
Contact for presentation _____
Phone number for contact _____
First date and time (after 10:00 am) for presentation requested _____
Second date and time (after 10:00 am) for presentation requested _____

School

Grade _____
Ages _____
Special needs y n What type of needs _____
Number of programs for day and time _____
Program request (ie. 9-1-1, EDITH) _____
Time available for each _____

Extinguishers

Number of people _____
 Need 1-5LB extinguisher for every 5 people (not provided by FD).
 Need 1 gallon for each 5 people, burn mix, 70 parts diesel/30 parts gas (not provided by FD).

Station Tour

Number of people _____
Grade or age group _____
Special needs y n What type of needs _____
Program request (ie. 9-1-1, EDITH) _____
Number of programs for day and time _____
Time available for each _____

Other

Type of presentation _____
Number of people _____
Grade or age group _____
Special needs y n What type of needs _____
Program request (ie. 9-1-1, EDITH) _____
Number of programs for day and time _____
Time available for each _____

Handout Request

Brochures Pencils Coloring page/book Rulers
 Stickers Money Anything available Nothing

Shift approval _____ BC copy _____ Recorded _____ File _____