

TEXAS COMMISSION ON FIRE PROTECTION CERTIFIED TRAINING FACILITY COMPLIANCE INSPECTION GUIDE

Trip # _____

Trip Date: _____

Discipline(s) certified to teach:

Structure Fire Protection
Aircraft Rescue Fire Protection
Marine Fire Protection
Fire Officer 1
Fire Officer 2
Fire Inspector
Arson or Fire Investigator

Hazardous Materials Technician
Driver Operator / Pumper
Continuing Education
Fire Instructor I
Fire Instructor II
Fire Instructor III

Please provide the following information:

Department Name		Name of Department Head		Department Head Title	
Physical Address for Department Head			Phone Number for Department Head		
Phone Number for Training Facility		FAX Number for Training Facility		Email for Training Facility Office	
Training Officer Name		Physical Address for Training Officer		Phone Number for Training Officer	
Physical Address for Training Facility			City		State
Mailing Address for Course Approval			City		State

Please have the following additional records, resources and equipment available for review:

- List of instructor staff with social security number or TCFP pin.
- Records from certification courses delivered in the past 2-certification periods.
- Records for protective clothing used by students participating in live fire training.
- Records for SCBA used by students in live fire training (inspection, annual testing, air quality).
- Standard Operating Procedures (PPE, SCBA, PASS, Accountability, Incident Command).
- Reference Material required for each discipline in which this facility holds certification.

Comments: _____

Notice to department personnel completing this form: By signing this form you are assuming full responsibility for the accuracy of the information contained on this form and that you are authorized to make changes to departmental information required by the Commission.

 PRINT NAME clearly and legibly

 Signature

 Date Signed