



**Heartland Fire Training Facility
And Miramar College**



**FIRE INSPECTOR 1B
FIRE AND LINE SAFETY
(CA State Certified)**

SAN DIEGO MIRAMAR COLLEGE
FIRE TECHNOLOGY &
EMERGENCY MEDICAL TECHNICIAN

COURSE DESCRIPTION: CA State Fire Marshal CFSTES certified course. This course provides the students with a basic knowledge of fire and life safety aspects related to the roles and responsibilities of a Fire Inspector I including building construction, occupancy classifications, occupancy load, means of egress, hazardous conditions, fire growth potential, fire flow, and emergency planning and preparedness measures.

DATES: October 4, 5, 6 2018 (24 HOURS)

LOCATION: Heartland Fire Training Facility, 1301 N. Marshall Ave., El Cajon 92020

PREREQUISITES: Fire Inspector 1A: Duties and Administration

TIME: **Classes start promptly at 0800 hours.**

TO REGISTER: Students must register and pay tuition for the class through Miramar College online at (Step 1) www.sdmiramar.edu. **CRN# 83452 Make sure to pay the college fees at the time of registration.**

TO REGISTER: Email registration form (below) to heidi@heartlandfiretraining.org (Step 2) or fax to 619-596-6153, if mailing:
Heartland Fire Training: 1301 N. Marshall Ave, El Cajon CA 92020
Questions contact Heidi Slabaugh **Ph.** 619-441-1683 Fax 619-596-6153

- **ONE CHECK FOR EACH CLASS**
- **CREDIT/DEBIT CARDS ACCEPTED**

THERE ARE TWO SETS OF FEES:

COLLEGE FEES: \$23.00 College registration fee (.5 units)
\$19.00 Health Fee if this is your first class of the semester.

HFTA FEES: \$115.00 Payable to Heartland Fire Training ****additional fee if less than 20 students****
(includes State Certificate registration and other materials)

INSTRUCTOR: Laz Lahera and James Gillespie

LAST DAY TO CANCEL FOR REFUND: September 20, 2018

HEARTLAND FIRE TRAINING
CLASS REGISTRATION FORM

Fire Inspector 1B

October 4, 5, 6 2018

 \$115.00 Paid first day of class ****additional fee if less than 20 students****

NAME: _____

EMAIL: _____

CONFIRMATION WILL BE SENT TO EMAIL ADDRESS

ADDRESS: _____

ZIP: _____

CONTACT PHONE: _____

DEPARTMENT: _____