



**Heartland Fire Training Facility
And Miramar College**



SAN DIEGO MIRAMAR COLLEGE
FIRE TECHNOLOGY &
EMERGENCY MEDICAL TECHNICIAN

**FIRE INSPECTOR 1C
FIELD INSPECTIONS**
(CA State Certified)

COURSE DESCRIPTION: CA State Fire Marshal CFSTES certified course. This course provides the students with a basic knowledge of field inspection roles and responsibilities of a Fire Inspector I including basic plan review, emergency access for an existing system, hazardous materials, and the operational readiness of fixed fire suppression systems, existing fire detection and alarm systems, and portable fire extinguishers.

DATES: October 18, 19, 20 2018 (24 HOURS)

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

PREREQUISITES: Fire Inspector 1B: Fire and Line Safety

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# 83469 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: October 4, 2018

HEARTLAND FIRE TRAINING
CLASS REGISTRATION FORM

Fire Inspector 1C October 18, 19, 20 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: _____