



# Northeastern Illinois Public Safety Training Academy

## Request for Use Facilty - Props - Vehicles - Equipment

|                      |                |                     |
|----------------------|----------------|---------------------|
| Organization:        | Program Date:  | Operational Period: |
| Program Name:        | Contact Phone: |                     |
| Program Coordinator: | Contact Email: |                     |

### Prop or Area Requested

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

### Equipment Requested

### Vehicles Requested

|    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

### Training Objectives

Incident Action Plan (IAP) Attached

### Submitted By

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|

### Received By

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

### Approved By

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|



## Northeastern Illinois Public Safety Training Academy

# Attendee Roster

|                      |                      |
|----------------------|----------------------|
| Organization:        | Program Date:        |
| Program Name:        | Operational Period:  |
| Program Coordinator: | Coordinator contact: |

### Attendee Roster

Please list the names of all participants using the prop. A separate program roster may be submitted if available.

|     |     |
|-----|-----|
| 1.  | 16. |
| 2.  | 17. |
| 3.  | 18. |
| 4.  | 19. |
| 5.  | 20. |
| 6.  | 21. |
| 7.  | 22. |
| 8.  | 23. |
| 9.  | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

### Submitted By

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|

### Received By

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

### Approved By

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|



## Northeastern Illinois Public Safety Training Academy

# Facility and Prop Usage Pre-Inspection Form

|               |                     |
|---------------|---------------------|
| Organization: | Program Date:       |
| Program Name: | Operational Period: |
| Inspected by: | Inspection Date:    |

Please review/inspect the following basic features prior to using prop(s) or areas requested

|  |  |
|--|--|
| <input type="checkbox"/> Access/Egress <ul style="list-style-type: none"><li><input type="radio"/> Windows/doors</li><li><input type="radio"/> Walkways/Stairs</li></ul>       | <input type="checkbox"/> Utilities <ul style="list-style-type: none"><li><input type="radio"/> Lights/outlets</li><li><input type="radio"/> Heat/ventilation</li></ul>   |
| <input type="checkbox"/> Components & Props <ul style="list-style-type: none"><li><input type="radio"/> Walls/Ceilings</li><li><input type="radio"/> Props/furniture</li></ul> | <input type="checkbox"/> Safety Features <ul style="list-style-type: none"><li><input type="radio"/> Rails/ladders</li><li><input type="radio"/> Anchors/locks</li></ul> |

### Pre-Inspection

Please note any damage or malfunctions found (use backside if needed):

Work order(s) submitted

### Submitted By

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|

### Received By

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|



## Northeastern Illinois Public Safety Training Academy

# Facility and Prop Usage Post-Inspection Form

|               |                     |
|---------------|---------------------|
| Organization: | Program Date:       |
| Program Name: | Operational Period: |
| Inspected by: | Inspection Date:    |

Please review/inspect the following basic features prior to using prop(s) or areas requested

|  |  |
|--|--|
| <input type="checkbox"/> Access/Egress <ul style="list-style-type: none"><li><input type="radio"/> Windows/doors</li><li><input type="radio"/> Walkways/Stairs</li></ul>       | <input type="checkbox"/> Utilities <ul style="list-style-type: none"><li><input type="radio"/> Lights/outlets</li><li><input type="radio"/> Heat/ventilation</li></ul>   |
| <input type="checkbox"/> Components & Props <ul style="list-style-type: none"><li><input type="radio"/> Walls/Ceilings</li><li><input type="radio"/> Props/furniture</li></ul> | <input type="checkbox"/> Safety Features <ul style="list-style-type: none"><li><input type="radio"/> Rails/ladders</li><li><input type="radio"/> Anchors/locks</li></ul> |

### Post Use Inspection

Please note any damage, malfunctions, or repairs needed:

|  |
|--|
|  |
| <input type="checkbox"/> Work order(s) submitted |

### Submitted By

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|

### Received By

|             |            |       |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|

