



Northeastern Illinois Public Safety Training Academy

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

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

Post Use Inspection

Please note any damage, malfunctions, or repairs needed:

Work order(s) submitted

Submitted By

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

Received By

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

NOTES