

Date: _____ Name of Requestor: _____

Agency: _____ Contact Person (If different): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cell: _____ Fax: _____

Reservation Date(s): _____

Start Time: _____ End Time: _____

Direct Contract Existing Contracted Site Agreement Internal / No Charge
Reserving: (Check all that apply)

Request (check)	Facility	Total Hours	Minimum 4-hr Fee	Additional Per Hour	Total Cost
	Classroom #1 (Max occupancy = 50)		\$300	\$75	
	Classroom #2 (Max occupancy = 24)		\$200	\$50	
	Classroom #3 (Max occupancy = 24)		\$200	\$50	
	Burn Building – Live Fires (classroom included)		\$650	\$150	
	Burn Building – Other Use (classroom included)		\$400	\$100	
	Collapse Field (classroom included)		\$250	\$50	
	Drill Tower (classroom included)		\$250	\$50	
	Drill Pad Only		\$200	\$50	
	EVOG Course w/barrels and cones (class incl.)		\$100	\$25	
	Flashover Simulator (classroom included)		\$300	\$75	
	Cancellation Fee (under 24-hour notice/no show)		\$200	n/a	
Request (check)	Props, Tools & Consumables	Quantity	Minimum 4-hr Fee	Additional Per Hour	Total Cost
	Cascade System for SCBA Refill		\$100	\$25	
	Extinguisher		Per Unit	\$10	
	Extrication Equipment		\$500	\$100	
	Forcible Entry Props (includes consumables)		\$400	\$100	
	Gas Field (includes fuel cost)		\$300	\$75	
	Hand Tools		Per Unit	\$10	
	Rescue Mannequin		\$50	\$10	

Request (check)	(Continued) Props, Tools & Consumables	Quantity	Minimum 4-hr Fee	Additional Per Hour	Total Cost
	Particle Board or Plywood (4' x 8' sheet)		Per Unit	\$20	
	Pallets		Per Unit	\$6	
	Portable Radio		Per Unit	\$25	
	Power Tools (includes fuel cost)		Per Unit	\$25	
	Roof/Vent Props (does not include consumables)		\$100	\$25	
	Rail Car / Hazmat Props		\$100	\$25	
	Smoke Machine (includes consumables)		\$200	\$25	
	Technical Rescue Equipment Cache		\$800	\$200	
	Thermal Imager		\$500	\$100	
	Turnout Gear		\$50	\$10	
	Vehicle – Extrication / Burn		Per Unit	\$150	
	Additional SPFD Safety Officer/Instructor Assist		Per Hour	\$50	
TOTAL COMBINED COST					

Other Needs/Specifications: _____

TRAINING SUPPORT

Request Taker Name: _____ Date: _____

Training Div Calendar Entry MATS Entry

Notes: _____

ROUTE TO TRAINING CHIEF

Approved Not Approved Training Chief Initials: _____ Date: _____

140A Started at Training Site
 Site Manager Assigned:

ROUTE FORM 140 BACK TO TRAINING SUPPORT

(Follow up with completed 140a for billing when completed)