Florida HEALTH
Palm Beach County

OB # _____

Received Date: _____

PBCHD onsite inspections completed:

- *Asbestos Information Satisfactory:*

_____ _____
Inspector Signature *Date*

- *Final Clearance Satisfactory:*

_____ _____
Inspector Signature *Date*

Notification of Open Burning For the Training of Firefighters

(Authority: Chapter 62-256.700(4), Florida Administrative Code)

This notification shall be submitted to the Palm Beach County Health Department at least **ten (10) business days in advance** of the burning exercise. Please mail, fax or hand-deliver this form to:

Palm Beach County Health Department
Air and Solid Waste Program
800 Clematis Street
West Palm Beach, FL 33401
Fax: (561) 837-5295

Name of agency conducting the fire training: _____

Contact person and phone number: _____

Location and address of the training burn site: _____

_____

Is the proposed building or structure free of asbestos containing materials, mercury containing materials, hazardous waste, vinyl sidings and other vinyl containing materials? **[ ] Yes [ ] No**

Name of the fire control agency having jurisdiction for this training activity: _____

_____

*Please contact the Palm Beach County Health Department at **(561) 837-5900** if you have any questions on the applicable provisions of 40 CFR Part 61, Subpart M, National Emission Standards for Asbestos (Federal Asbestos Regulation).*

I certify that the training burn will be conducted in accordance with the National Fire Protection Association's document "Standard on Live Training Evolutions, 2002 Edition (NFPA 1403)" and in compliance with Rule Chapter 62-256.700(4).

_____ _____
Signature of Submitting Official *Date*

Revised: 05.29.2012

PALM BEACH COUNTY HEALTH DEPARTMENT
Post Office Box 29 / 800 Clematis Street, West Palm Beach, FL 33402
Environmental Public Health, Air & Solid Waste Program
www.pbchd.com
TELEPHONE (561) 837-5900 FAX (561) 837-5295