

POLK COUNTY PUBLIC WORKS  
AIR QUALITY DIVISION  
TRAINING FIRE REQUEST

1. Type of request (Original, Revised, Canceled): \_\_\_\_\_
2. Fire Department Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ FAX: \_\_\_\_\_
3. If non-asbestos asphalt roofing is to remain on the structure during the burn, this notification is for the \_\_\_\_\_ 1<sup>st</sup>, \_\_\_\_\_ 2<sup>nd</sup> training fire of this type for calendar year \_\_\_\_\_.
4. Building Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Building Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_
6. Building Size (Square Feet): \_\_\_\_\_ # of Floors \_\_\_\_\_  
Age in Years: \_\_\_\_\_ Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_
7. Procedure (laboratory analysis method) used to check for the presence of asbestos-containing materials: (attach report copy)  
\_\_\_\_\_  
\_\_\_\_\_
8. Training fire dates: Start \_\_\_\_\_ Complete \_\_\_\_\_  
Alternate dates: Start \_\_\_\_\_ Complete \_\_\_\_\_
9. Description of procedures to be followed in the event unexpected asbestos-containing materials are found: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. I certify that the above information is correct and that the above referenced training fire will be conducted in accordance with Chapter V of the Polk County Board of Health Rules and Regulations.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Return completed form to: Air Quality Division Phone (515) 286-3351  
Polk County Public Works FAX (515) 875-5599  
5885 NE. 14<sup>th</sup> Street  
Des Moines, IA 50313