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When conducting any commission-sponsored firearms training, the lead classroom instructor and/or range master must complete this form prior to conducting any training. Please print legibly when completing this form.

Individual Duties:

**(EIRP) COORDINATOR**

1. Responsible for coordinating all EIRP activities.
2. Must complete all sections of the form and assign staff to perform EIRP functions.
3. In the case of an incident, the coordinator is responsible for contacting the EMS and/or the hospital/physician.
4. Will provide emergency personnel with vital information: e.g. who, what, when, and where.
5. Must complete a separate form for each training site.
6. When the training event has been concluded the coordinator will mail the form to the commission's executive director.

**FIRST AID RESPONDERS**

1. First aid responders must hold a current CPR and first aid certification.
2. Designated responders are responsible for attending to the victim(s) until assistance arrives or they are transported to the hospital or doctor.

**MESSENGER(S)**

1. When necessary, the messenger will communicate vital information from the location of the incident to the coordinator. If necessary, designate more than one messenger.
2. The messenger is also responsible for directing EMS to the incident site and clearing the Incident area.

**CLASS FACILITATOR**

1. The facilitator is responsible for directing students away from the incident site.
2. Keeps the class organized.

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FOR TRAINING TO BE CONDUCTED ON: \_\_\_\_\_

*(Indicate Date(s))*

**ASSIGNMENT OF DESIGNATED INDIVIDUALS**

Name of EIRP Coordinator: \_\_\_\_\_

Name of First Aid Responder #1: \_\_\_\_\_

Name of First Aid Responder #2: \_\_\_\_\_

Messenger(s): \_\_\_\_\_

Name of Class Facilitator: \_\_\_\_\_

**TRAINING SITE INFORMATION**

Type of Training being conducted: \_\_\_\_\_

Name of Training Site: \_\_\_\_\_

Telephone or Cell Phone Number: \_\_\_\_\_

Address of Training Site: \_\_\_\_\_

Directions to Training Site:

**EMERGENCY MEDICAL SERVICES**

Name of EMS: \_\_\_\_\_

Address of EMS: \_\_\_\_\_

EMS Telephone Number: \_\_\_\_\_ Estimated Response Time To Site: \_\_\_\_\_

EMS Radio Call Sign: \_\_\_\_\_ Your Call Sign: \_\_\_\_\_

**EMERGENCY CARE SERVICES**

Name of Hospital: \_\_\_\_\_

Telephone Number of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

Directions to Hospital:

**PHYSICIAN CARE SERVICES**

Doctor's Name: \_\_\_\_\_

Telephone Number of Doctor: \_\_\_\_\_

Address of Doctor: \_\_\_\_\_

Directions to Doctor's Office:

**UPON REQUEST PROVIDE THE COMPLETED FORM TO:**

Executive Director  
County Probation and Parole Officers' Firearm Education and Training Commission  
1101 South Front Street | Suite 5600  
Harrisburg, Pennsylvania 17104-2522