



City of Falls City Fire Department

299 Mill Street
Falls City, OR 97344
Voice (503) 787- 3631
Fax (503) 787- 3023

Structural Burn Release

Owner's Responsibility Checklist

City Administrator must verify all items 14 days before training fire.

This checklist must be completed with required documents 14 days prior to the training fire.

Owner to initial acknowledging the following:

- ___ Provide proof of insurance cancellation or a signed statement of non-existence of insurance.
- ___ Remove water heaters, oil tanks, and any closed containers, and any items not to be burned.
- ___ All utilities shall be disconnected at the street.
- ___ Gas must be disconnected at the street.
- ___ Have asbestos inspection done. If any asbestos is found it must be removed in an approved asbestos removal contractor in compliance with all applicable federal, state and local laws, rules, regulations and orders. Provide statement from contractor that all asbestos has been abated or that there is no asbestos present.
- ___ Complete and sign Falls City Fire Department Consent, Release and Indemnity Agreement for Live-Fire Training Form, and have it notarized.
- ___ Clear proof of ownership and evidence of clear title must be provided. A current Lot Book Report showing liens and encumbrances will accomplish this.
- ___ If there is a lien holder, they must sign the Consent lien Holder Form, and have it notarized.
- ___ Provide the latest paid tax statement that includes legal description of the property to be burned.
- ___ Additional requirements may be required upon final inspection prior to the burning (tree cutting, brush removal from building, fencing etc.)
- ___ Complete cleanup and removal of debris will be conducted within 14 days of the burn.

Fire Chief's signature _____ Date: _____

City Administrator's signature _____ Date: _____



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Consent, Release and Indemnity Agreement for live Fire Training, Ventilation, Forcible-Entry and other Non-live Fire Training

I/We, the undersigned, being all of the legal owner(s)¹ of the property located at:
_____ hereby consent to the use and
destruction for fire training purposes of the following described buildings on said property,
_____ by the Falls City Fire Department.

The described building(s) are to be used for the express purpose of training firefighters and are to be burned to the ground in the course of conducting training exercises.

It is agreed that these buildings will no longer be insured against loss by fire; it is also agrees to hold harmless the Falls City Fire Department , all participating fire departments, their personnel, the City of Falls City or any subdivision thereof, for damages sustained by the above described buildings and/or the property upon which they are located.

Further, the owner(s) shall not be held liable for any injuries to personnel, damage to equipment, or damages to the property of others sustained in connection with these training exercises.

The owner(s) have divulged all known hazards associated with these buildings to Falls City Fire Department. Examples of hazards worth noting are: structural problems, contamination for drug lab activity, hidden asbestos problems, and utilities such as gas or electricity that have not been disconnected.

The property owner(s) assume(s) full responsibility for the safety of the site after the Falls City Fire Department formally leaves the site and turns the property back over to the property owner(s).

Legal Owner(s): _____

Legal Owner's Address: _____

Legal Owner's Signature(s): _____ Date: _____
_____ Date: _____

¹ All owners of the property must sign this Consent and all lienholders must sign a separate Consent of Lienholder form. By signing this Consent the persons signing it represent that they are the all of the owners of the property.



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Ventilation Training Checklist

Address of Structure: _____

Owner's Name: _____

Owner's Address: _____

Phone Number: (Home) _____ (Cell) _____

Condition Checklist:

_____ Is the property located in the City of Falls City?

_____ Does the property have training value?

_____ Are all of the doors in place?

_____ Are all of the windows intact?

_____ Are there holes in the wall or floors?

_____ Is the roof covered?

_____ Any stairs?

_____ Are there any signs of transient occupation or children playing around the house?

Recommended for acceptance and use: YES _____ NO _____

Survey Completed By: _____

Fire Chief: _____

City Administrator: _____