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