

# NATIONAL TRAFFIC INCIDENT MANAGEMENT (TIM) RESPONDER TRAINING PROGRAM



U.S. Department of Transportation  
Federal Highway Administration

## Responder Training Course Announcement

The National TIM Responder Training Program was developed by responders for responders, and was designed to promote consistent training of all responders to achieve the three objectives of the TIM National Unified Goal (NUG):

- Responder Safety
- Safe, Quick Clearance
- Prompt, Reliable, Interoperable Communications

The target audience for this course is all TIM disciplines, including Communications, Emergency Management, Emergency Medical Services (EMS), Fire/Rescue, Law Enforcement, Towing and Recovery, and Transportation/Public Works.

*Approved for 3 hours of EMS Continuing Education with Delaware OEMS.*

### TIM Responder Training Course Lesson Summary

1. Introduction: TIM training program purpose, the dangers encountered by emergency responders working in or near traffic, and the definition of TIM
2. TIM Fundamentals and Terminology: safe, quick clearance definition, supporting legislation, and common response terminology
3. Notification and Scene Size-Up: roles and responsibilities of public safety communications centers and transportation management centers, and scene size-up reporting
4. Safe Vehicle Positioning: safe-positioning of vehicles and blocking
5. Scene Safety: emergency vehicle markings, emergency-vehicle lighting, use of high-visibility safety apparel, and safe practices for avoiding the Zero Buffer
6. Command Responsibilities: Incident Command System as it relates to TIM
7. Traffic Management: components of a Traffic Incident Management Area and the proper use of temporary traffic control devices
8. Special Circumstances: incidents involving vehicle fires, hazardous materials, vehicle fluid spills, and crash investigations
9. Clearance and Termination: quick clearance strategies, towing and recovery communications, and incident termination

Details for the upcoming TIM Responder Training course are as follows:

Date: July 9, 2024

Time: 8a-12p

Location: Delaware State Fire School – Dover Division

Address: 1461 Chestnut Grove Road, Dover, DE 19904

Registration: Submit completed Registration Form to [fire.school@delaware.gov](mailto:fire.school@delaware.gov) or fax to 302-739-6245

Contact: Vincent Miller

Cost: FREE, Light Breakfast and Lunch will be provided



This training has been endorsed by the following national associations: American Association of State Highway and Transportation Officials (AASHTO), American Public Works Association (APWA), Cumberland Valley Volunteer Firemen's Association (CVVFA), Division of State Associations of Chiefs of Police (SACOP), Institute of Transportation Engineers (ITE), Intelligent Transportation Society (ITS) of America, International Association of Chiefs of Police (IACP), International Association of Directors of Law Enforcement Standards and Training (IADLEST), International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), International Municipal Signal Association (IMSA), National Association of State EMS Officials (NASEMSO), National EMS Management Association (NEMSMA), National Sheriffs' Association (NSA), National Volunteer Fire Council (NVFC), Towing and Recovery Association of America (TRAA), and Transportation Research Board (TRB).

# Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.



CourseName:

Comments:

DatesAttending:

Delaware State Fire School  
1461 Chestnut Grove Road  
Dover, DE 19904

ClassTime:

Phone: 302-739-4773  
Fax: 302-739-6245

Class Location: Kent New Castle Sussex On-Line

www.statefireschool.delaware.gov

Email: fire.school@delaware.gov

I meet the Course Prerequisites? YES NO

Rev. 02/20/24

## Attendee Information

First Middle Last

Name:

Date of Birth:

DSFS Person ID:  
(If Known)

NFA ID #:  
(If Known)

Address:

City:

State:

ZIP:

E-Mail:

Phone:

Phone  
Type:

Sponsoring  
Organization:

Gender:

Ethnic Origin:  
(Optional)

## Payment Information

Course Tuition:

**Accepted Credit Cards: Visa, Mastercard, Discover**  
**We are unable to accept American Express or Apple Pay**

Check enclosed made payable to  
Delaware State Fire School

Credit card (DSFS will call you for information)

Invoice (approved account )

Cardholder Name:

Cardholder Phone:

**CANCELLATION POLICY:** Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.

**ATTENDEE SIGNATURE:** The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, I agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE

Date

### **AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:**

In accordance with NFPA 1001, I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course and/or has received a professional medical exam declaring their physical fitness before participating in firefighting activities. In the case of no physical documentation or significant change in health, a physical may be required before participation in this course. I understand that payment for the course and any/all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Sponsoring Organization

Name

Title

Contact Phone Number

Authorized Signature of Sponsoring Organization

Date