NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.
P.O. BOX 1914, GOLDSBORO, N.C. 27533-1914 TELEPHONE: 919/736-0506 FAX: 919/736-7759
E-MAIL: ncarems@ncarems.org

STATEMENT OF ELIGIBILITY

WATER RESCUE – DIVE RESCUE

*** PLEASE PRINT OR TYPE

NAME OF DEPARTMENT_______________________________________________________DATE___________

MAILING ADDRESS___________________________________________________________ST. ADDRESS______________________________

CITY________________________________________STATE_______ZIP__________COUNTY________________

DEPARTMENT EMAIL ADDRESS_______________________________________________________

COMM CENTER PHONE #(   )________________________________BUSINESS PHONE #(   )_____________________________

DEPARTMENT CELL PHONE #(   )________________________________FAX # ___________________________

CAPTAIN/CHIEF________________________________________________EMAIL ADDRESS________________________________

WORK PHONE #(   )________________HOME PHONE #(   )________________CELL #(   )________________

SECRETARY________________________________________________EMAIL ADDRESS___________________________________

WORK PHONE #(   )________________HOME PHONE #(   )________________CELL #(   )________________

DOES YOUR SQUAD PROVIDE?
RESCUE ONLY___EMS ONLY___EMS/FIRE_____EMS/RESCUE___EMS/FIRE/RESCUE______

DOCUMENTS NEEDED TO CERTIFY & MUST ACCOMPANY THIS STATEMENT OF ELIGIBILITY:

1) COPY OF STATE CHARTER

2) AUTHORITY TO OPERATE WITH CITY/COUNTY
AUTHORITY TO OPERATE

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT ____________________________________________

Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _______________________________ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE DIVE RESCUE IN THE ABOVE MENTIONED CITY OR
COUNTY.

________________________________________

PRINT NAME _________________________________ SIGNED

CITY OR COUNTY OFFICIAL

________________________________________

PRINT NAME _________________________________ SIGNED

CITY OR COUNTY OFFICIAL

COUNTY OF _________________________________ STATE OF _________________

ON THE _______ DAY OF ____________ 20______, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)
EXECUTED THE SAME AND THAT THE STATEMENT THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND
BELIEF.

MY COMMISSION EXPIRES: ________________________________ NOTARY PUBLIC

TO BE SIGNED & NOTARIZED BY DEPARTMENT OFFICIAL

THIS IS TO CERTIFY THAT ____________________________________________

Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _______________________________ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE DIVE RESCUE IN THE ABOVE MENTIONED CITY OR
COUNTY.

________________________________________

PRINT NAME _________________________________ SIGNED

DEPARTMENT OFFICIAL

________________________________________

PRINT NAME _________________________________ SIGNED

DEPARTMENT OFFICIAL

COUNTY OF _________________________________ STATE OF _________________

ON THE _______ DAY OF ____________ 20______, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
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BELIEF.

MY COMMISSION EXPIRES: ________________________________ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

Water Rescue-Dive: Inspectors Initials ________?

Revised: 12/31/18
MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

WATER RESCUE - DIVE RESCUE

WATER RESCUE - DIVE RESCUE IS DEFINED AS ADVANCED LEVELS OF WATER RESCUE AND BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER USING ADVANCED EQUIPMENT.

1. **MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:**

   NUMBER OF PERSONNEL WITH CERTIFICATION

   (ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

   FIRST RESPONDER - _____ MEDICAL RESPONDER - _____ EMT - _____
   EMT-I - _____ EMT-P - _____ RESCUE CERTIFIED - _____ RN/MICN - _____

   A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS SPECIFIED BY THE AHJ AND IN ACCORDANCE WITH NFPA 1006, 2013 EDITION, TECHNICAL RESCUE DIVE PRIOR TO CERTIFICATION IN THIS SPECIALITY AREA.

2. **TYPE OF RESCUE TO PERFORM:**

   AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. **VEHICLE:**

   VEHICLE(S) USED FOR WATER RESCUE - DIVE RESCUE SHALL BE CAPABLE OF TRANSPORTING RESCUE PERSONNEL AND EQUIPMENT TO AN INCIDENT SAFELY AND CANNOT EXCEED THE VEHICLE'S TOTAL GVWR, INCLUDING THE CHASSIS, BODY, AND RESCUE EQUIPMENT AND MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.

4. **MINIMUM REQUIRED EQUIPMENT:**

   DEPT. NAME__________________________

   NCAR&EMS, INC.,
   REPRESENTATIVE __________________________ DATE: __________________________

   APPROVED: __________ YES __________ NO INSPECTOR’S SIGNATURE: __________________________

   YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE.

   PLEASE PROVIDE A LIST OF YOUR DIVE RESCUE EQUIPMENT WITH THIS CERTIFICATION PACKET AS REQUIRED BY THE NC FIRE/RESCUE COMMISSION’S CERTIFICATION BOARD’S TECHNICAL RESCUE DIVE STANDARD. YOU WILL NEED TO CONTACT OSFM TO OBTAIN A COPY OF THAT STANDARD.

   Water Rescue-Dive: Inspectors Initials_____3

   Revised: 12/31/18
Individual Diver Equipment

Minimum of 6 Complete sets of Diver Equipment

   6 Mask, SCUBA
   6 Snorkels
   6 Full Face Mask
   6 Regulator Sets with 1st & 2nd stage regulators, Depth, pressure gauges
   6 Wetsuits Suitable for Training Environment
   6 Wetsuit Hoods
   6 Wetsuit Gloves
   6 Wetsuit Boots
   6 Drysuit, Tri-laminated with Head, Encapsulated Hand, and Foot Protection
   6 Insulating Garments Compatible with Drysuit systems
   6 Protective Sets of Foot Wear
   6 Protective Gloves Suitable for Equipment
   6 Sets of Dive Fins, Adequate for Environment
   6 Buoyancy Compensation Devices
   6 Buoyancy Weights
   6 Wire Cutting Tools
   6 Knives Suitable for Diving
   6 SCUBA Cylinders - Minimum of 80 Cubic ft. - 2 per diver
   6 Emergency Air Sources/Pony Bottle w_30 Cubic ft. min/with Regulator (May be separate or integrated)
   6 Primary SCUBA Rated Dive lights
   6 Secondary SCUBA Rated Dive lights
   6 Individual Emergency Distress Markers
   6 Diver Deployable Surface Marker Buoy
   6 Individual Dive Logs, Comprehensive
   1 Dive Tables (should be adequate for your Dive Team)

Decon Equipment

   1 Pressurized Sprayer System for Simple Decon
   1 Containment Pool
   6 Splash Protective Suits
   2 Scrub Brushes with 4 ft. Handles
   1 Detergent Cleaning Substance
   6 Decon Face Protection (one per Decon person)
   6 Splash Protective Boots
   6 Sets Splash Protective Gloves
   1 Potable Water for Decon Provisions

Team Equipment

   Provide Access Plan and Documentation of Access to CGA Grade E Purification
   1 Surface Dive Marking Flag
   1 Vessel Dive Marking Flag
   1 Search Lines with distance markings
   1 Surface Marking Buoy
   1 Under Water Cadaver Bag
   1 Lift Bag 100 lbs. Minimum
   1 Boat Capable of Supporting Multiple Divers with Equipment
   1 Underwater Camera with Lighting Capability
   1 Diver Medical Emergency Plan

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Revised: 12/31/18