STATEMENT OF ELIGIBILITY

WATER RESCUE –SURFACE WATER 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___FIRE/RESCUE____

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

1) COPY OF STATE CHARTER

2) AUTHORITY TO OPERATE WITH CITY/COUNTY

Revised: 12/31/18
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 SURFACE WATER RESCUE IN THE ABOVE MENTIONED CITY OR COUNTY.

________________________________________ PRINT NAME ______________________________________ SIGNED

COUNTY OR CITY OFFICIAL

________________________________________ TITLE

(NOTARY SEAL)

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 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 SURFACE WATER RESCUE IN THE ABOVE MENTIONED CITY OR COUNTY.

________________________________________ PRINT NAME ______________________________________ SIGNED

DEPARTMENT OFFICIAL

________________________________________ TITLE

(NOTARY SEAL)

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 STATEMENTS THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND BELIEF.

MY COMMISSION EXPIRES: _______________________________________________________ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

Water Rescue Surface Water:Inspectors Initials_____ Revised: 12/31/18
MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

WATER RESCUE – SURFACE WATER RESCUE

WATER RESCUE – SURFACE WATER RESCUE IS DEFINED AS WATER RECOVERY EFFORTS AS AN INITIAL RESPONDER USING VARIOUS MEANS OF RECOVERY EQUIPMENT TO INCLUDE; BUT NOT LIMITED TO DRAGS, GRAPPLING HOOKS, etc.

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 - _____


11.1.8 - Use watercraft for rescue operations, given watercraft, policies, and procedures used by the AHJ, so that watercraft pre-deployment checks are completed, watercraft launch or recovery is achieved as stipulated by the AHJ operational protocols, communications are clear and concise, and the candidate is familiar with watercraft nomenclature, operational protocols, design limitations, and launch/recovery site issues.

11.1.10 - Negotiate a designated water course in a watercraft that is available to the team, a course that is representative of the bodies of water existing or anticipated within geographic confines of the AHJ, a range of assignments, and water rescue personal protective equipment, so that the specified objectives are attained, all performance parameters are achieved, movement is controlled, hazards are continually assessed, launch does not proceed if the watercraft is inadequate or incapable of operating in the existing conditions, distress signals are communicated, and rapid intervention for the watercraft crew has been staged for deployment.

In short the skills needed to attain this certification would include:
1. Launch & Recovery
2. Crank & Warm Motor
3. Getting Underway, plane the boat off & trim the engine to achieve optimum performance
4. Stop or Stall the Boat
5. Turning both Port & Starboard while under power.
These objectives may be completed by submitting to the NCAREMS Training & Standards Committee documentation of the above. These objectives may be accomplished by being certified in the Chapter 7, 2003 edition of NFPA 1006 or Chapter 11, 2008 or the Rescue Operations & Transportation portions of Chapter 11, 2013 edition of the NFPA 1006; completing an Emergency Boat Operators Course; Flood and Swiftwater Boat Operations course or documentation by a certified/qualified Surface Water Instructor that at a minimum these objectives have been completed in in-house training.

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

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. **VEHICLE:**

VEHICLE(S) USED FOR SURFACE WATER 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____________________

NCAREMS, 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

**Surface Water Team Equipment**

Organizations operating at the Surface Water Rescue operations level of service shall have adequate rescue equipment for the authority having jurisdiction.

The organization shall have adequate watercraft for the Authority Having Jurisdiction (AHJ) to include all safety equipment for the size and type of watercraft being used. The watercraft shall be licensed or registered as required in accordance with all applicable laws of the North Carolina Wildlife Resources Commission, US Coast Guard or other regulatory agencies governing the AHJ.

___ 2 Water Rescue Throw Bags, (FLOATING ROPE), 3/8 IN. X 70 FT per Watercraft
___ Body Recovery Equipment which may include Drags, Nets, Grappling Hooks, Gaffs, etc.

(Please provide a list of this equipment)

NOTE: ON OR AFTER MAY 1, 2010 ANY PERSON UNDER THE AGE OF 26 MUST SUCCESSFULLY COMPLETE A NASBLA APPROVED BOATING EDUCATION COURSE BEFORE OPERATING ANY VESSEL PROPELLED BY A MOTOR OF 10HP OR GREATER… AUTHORITY – NC G.S.75A-16.2

http://www.ncwildlife.org/Boating/Marina-Resources/Boating-Education-Courses
http://www.boatus.org/onlinecourse/NorthCarolina.asp

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