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 - SWIFTWATER 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
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 SWIFTWATER 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

BOTH SIGNATURES ARE REQUIRED

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 SWIFTWATER 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
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AND BELIEF.

MY COMMISSION EXPIRES: ____________________________________________________ NOTARY PUBLIC

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

WATER RESCUE - SWIFTWATER RESCUE

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 - _____


Note if previously certified as ERT, RT-VMR & RT-ROPES you must also be certified as Swiftwater Technician.

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR SWIFTWATER 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: ________________________

NIMS TYPE: __________

I, II, III, and IV (See #5 on Page 4)

This standard currently meets Type IV

For organizations wishing to certify at a higher level see page 4

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY

Water Rescue Swiftwater: Inspectors Initials_______ Revised: 12/31/18
REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE

ORGANIZATIONS OPERATING AT THE SWIFTWATER RESCUE TECHNICIAN LEVELS OF SERVICE SHALL MEET THE EQUIPMENT REQUIREMENTS OF LIGHT RESCUE PLUS THE FOLLOWING EQUIPMENT:

SWIFTWATER RESCUE EQUIPMENT REQUIREMENTS

1. Adequate water rescue rope (polypropylene rope that floats) for the Authority Having Jurisdiction
2. Watercraft suitable for the authority having jurisdiction.
3. Adequate water rescue recovery equipment for the authority having jurisdiction.

Personal protective equipment to include the following:

- 8 pr. Gloves (Aquatic Type)
- 8 Full body thermal protection recommended (May Be Wet or Dry Suits)
- 8 Swiftwater Rescue Vest PFD, Type V, U.S. Coast Guard approved
- 8 pr. Appropriate Water Shoes
- 8 Whistles
- 8 Water rescue knives
- 8 Chemical Light Sticks
- 3 Aerial Flares
- 3 Dye Markers
- 3 Dry Gear Bags
- 3 Flashlights (w/Spare Batteries)
- 3 Handheld Flares (Marine Type)
- 3 Smoke Marking Devices
- 6 Water Rescue Throw Bags (FLOATING ROPE). 3/8 IN. X 70 FT
- 300 ft Water Rescue Rope, 7/16 in Diameter, 5000 lb., W/bag
- 16 Aluminum carabiners - (non locking)
- 16 5mm x 4-ft. low stretch Prussik Cord (2 per vest)
- 1 - 18 in Type IV Throwable Device
- 1 Hose Inflator Kit (may be commercial or homemade)
- 100 ft. 1 1/2 Fire Hose

5. NIMS TYPING INFORMATION:

This standard currently meets NIMS Typing Criteria IV. Organizations wishing to certify at a higher level must meet the additional requirements for personnel, training and equipment. To locate this information cut and paste the following link into your web browser.


Per the NIMS “Swiftwater/Flood Search and Rescue Team” document, in order to locate the various quantities of each equipment item, please reference the FIRESCOPE Swiftwater/Flood Search and Rescue definition at: