

**NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.**

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**CERTIFICATE OF ELIGIBILITY**

**CONFINED SPACE RESCUE**

\*\*\* PLEASE PRINT OR TYPE

NAME OF UNIT \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ST. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

UNIT EMAIL ADDRESS \_\_\_\_\_

EMERGENCY PHONE #( ) \_\_\_\_\_ SOCIAL PHONE #( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE ORGANIZED \_\_\_\_\_ NON-PROFIT ORGANIZATION { } YES { } NO # OF MEMBERS \_\_\_\_\_

BUSINESS MEETING NIGHT \_\_\_\_\_ TRAINING NIGHTS \_\_\_\_\_

CAPTAIN/CHIEF \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

SECRETARY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS PHONE ( \_\_\_\_\_ HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

DOES YOUR SQUAD PROVIDE?

RESCUE ONLY \_\_\_\_\_ EMS ONLY \_\_\_\_\_ EMS/FIRE \_\_\_\_\_ EMS/RESCUE \_\_\_\_\_ EMS/FIRE/RESCUE \_\_\_\_\_ FIRE/RESCUE \_\_\_\_\_

**COPY OF STATE CHARTER & CONTRACT**

**WITH CITY / COUNTY, INDICATING DISTRICT OF AUTHORITY,**

**MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY**

NCAR&EMS, INC.,  
REPRESENTATIVE

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO

**TO BE SIGNED BY COUNTY OR CITY OFFICIAL**

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,  
OPERATING IN:

\_\_\_\_\_ CITY OR COUNTY

\_\_\_\_\_ 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 THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

\_\_\_\_\_ SIGNATURE, SQUAD OFFICIAL

\_\_\_\_\_ TITLE

(NOTARY SEAL)

**BOTH SIGNATURES ARE REQUIRED**

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

# MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

## CONFINED SPACE 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 - # \_\_\_\_\_ RT - # \_\_\_\_\_ MICN - # \_\_\_\_\_ NO CERTIFICATION - # \_\_\_\_\_

**A MINIMUM OF EIGHT (8) PERSONNEL SHALL BE CERTIFIED AS RT'S AND SHALL HAVE MINIMUM MEDICAL TRAINING AS SPECIFIED BY THE AHJ PRIOR TO CERTIFICATION IN THIS SPECIALITY AREA.**

ORGANIZATIONS WISHING TO OPERATE AT THE CONFINED SPACE RESCUE OPERATIONS LEVEL OF SERVICE SHALL HAVE A MINIMUM OF EIGHT (8) RT QUALIFIED PERSONNEL WHICH MEET ALL THE REQUIREMENTS OF THE FOLLOWING OPERATIONAL LEVELS OF SERVICE AND OPERATE IN COMPLIANCE WITH 29 CFR 1910.146 & 1910.147 AND THE FOLLOWING REQUIREMENTS.

1. NFPA 1006 CHAPTER 6 ROPES CERTIFICATION
2. CONFINED SPACE RESCUE - N.C FIRE/RESCUE COMMISSION PROGRAMS OR OTHER RECOGNIZED COURSES OF INSTRUCTION MEETING NFPA 1670 OPERATIONS LEVEL.

ORGANIZATIONS OPERATING AT THE CONFINED SPACE RESCUE TECHNICIAN LEVEL OF SERVICE SHALL HAVE A MINIMUM OF EIGHT (8) RT QUALIFIED PERSONNEL WHICH MEET ALL THE REQUIREMENTS OF THE OPERATIONS LEVEL PLUS THE REQUIREMENTS FOR THE TECHNICIAN LEVELS OF SERVICE AS PRESCRIBED BY NFPA 1670 AND OPERATING IN COMPLIANCE WITH 29 CFR 1910.146 & 1910.147.

CONFINED SPACE RESCUE - N.C FIRE/RESCUE COMMISSION PROGRAMS OR OTHER RECOGNIZED COURSES OF INSTRUCTION MEETING NFPA 1670 TECHNICIAN LEVEL.

### 2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED IN THE CONTRACT WITH THE AHJ.

### 3. VEHICLE:

VEHICLE(S) USED FOR CONFINED 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:**

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

##### **MINIMUM OF EIGHT (8) TEAM MEMBERS SHALL HAVE THE FOLLOWING:**

- \_\_\_ Helmet
- \_\_\_ Gloves (leather palm minimum)
- \_\_\_ Long sleeve coveralls
- \_\_\_ Boots
- \_\_\_ Earplugs
- \_\_\_ Safety glasses
- \_\_\_ Knife
- \_\_\_ Class II and/or III harness
- \_\_\_ 2 Prussik Cords
- \_\_\_ 4 Steel Carabiners
- \_\_\_ 1 Rescue eight descender.
- \_\_\_ 1 Intrinsically safe flashlight with extra batteries

##### **TEAM EQUIPMENT:**

- \_\_\_ 8 Intrinsically safe light sources
- \_\_\_ 1 Intrinsically safe communications system
- \_\_\_ 1 Intrinsically safe air monitoring equipment
- \_\_\_ 1 Explosion proof exhaust fans with trunk hose
- \_\_\_ 2 Straight ladders - Minimum of 12' (NFPA Fire Service Rated/OSHA Approved)
- \_\_\_ 1 24' Extension ladder (NFPA Fire Service Rated/OSHA Approved)
- \_\_\_ 1 AC Hotstick
- \_\_\_ 4 Class III harnesses
- \_\_\_ 100 feet 8mm prussik cord
- \_\_\_ 100 feet 2 in. tubular webbing
- \_\_\_ 100 feet 1 in. tubular webbing
- \_\_\_ 1 Miller board/SKED stretcher/litter
- \_\_\_ 1 Pr. Wristlets (Manufactured or Pre-made)
- \_\_\_ 1 Tripod (minimum of 8 feet tall)
- \_\_\_ Hoisting System for tripod may be conventional or manufactured
- \_\_\_ Fall arrest device for tripod may be conventional or manufactured
- \_\_\_ 6 1 in. x 48 in., pickets may be either rolled steel or # 8 rebar equivalent
- \_\_\_ 8 lb. sledgehammer
- \_\_\_ 1 Lockout Tagout Kit with minimum of 8 locks
- \_\_\_ 1 Set of Incident Command Forms Per AHJ Download These at:  
[http://www.nimsonline.com/download\\_center/index.htm#forms](http://www.nimsonline.com/download_center/index.htm#forms)
- \_\_\_ 2 Whistles
- \_\_\_ 2 Fluorocarbon horns
- \_\_\_ 4 Self Contained Breathing Apparatus minimum 30 minute duration
- \_\_\_ 4 spare cylinders compatible for above mentioned SCBA
- \_\_\_ 2 4 in. double pulleys
- \_\_\_ 2 4 in. single pulleys
- \_\_\_ 2 1/2 in. ascenders
- \_\_\_ 1 Kootenay carriage (knot passing pulley)
- \_\_\_ 12 Locking Steel carabiners
- \_\_\_ 1 10 lb. ABC Fire Extinguisher
- \_\_\_ 600 ft. x 1/2 in. Low Stretch Kernmantle rope
- \_\_\_ 2 Rescue eight descenders
- \_\_\_ 1 14 in. brake bar rack (Rated for General Use)
- \_\_\_ 1 Rigging Plate
- \_\_\_ 5 Supplied Air Breathing Apparatus with escape pack and hoses, masks & airlines
- \_\_\_ Spare cylinder(s) for supplied air-breathing apparatus with minimum 2-hour supply
- \_\_\_ 6 AHJ Approved CS Blank Entry Permits -  
[www.lni.wa.gov/WISHA/Rules/ConfinedSpace/PDFs/HT4.pdf#search='Confined%20Space%20entry%20permits'](http://www.lni.wa.gov/WISHA/Rules/ConfinedSpace/PDFs/HT4.pdf#search='Confined%20Space%20entry%20permits') (Copy and Paste this link in your browser to download your forms.)