

***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

**CERTIFICATE OF ELIGIBILITY**

**HIGH ANGLE 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

## HIGH ANGLE 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 OPERATING AT THE OPERATIONAL LEVEL OF HIGH ANGLE RESCUE MAY DO SO BY HAVING A MINIMUM OF EIGHT (8) RT'S. THE N.C FIRE/RESCUE COMMISSION RT PROGRAM PROVIDES THE OPERATIONAL LEVEL IN ACCORDANCE WITH NFPA 1670 OPERATIONS LEVEL.

ORGANIZATIONS OPERATING AT THE TECHNICIAN LEVELS OF HIGH ANGLE RESCUE SHOULD COMPLETE A MINIMUM OF 36 ADDITIONAL HOURS OF HIGH LEVEL RESCUE TRAINING SUCH AS GRADUATION FROM THE N.C. HIGH ANGLE RESCUE SCHOOL OR COMPLETION OF THE WESTERN N.C. RESCUE COLLEGE MOUNTAIN RESCUE PROGRAM OR OTHER RECOGNIZED COURSES OF INSTRUCTION MEETING NFPA 1670 TECHNICIAN LEVEL. RESCUE TECHNICIANS WHO HAVE COMPLETED NFPA 1006, CHAPTER 6 (ROPES) WILL SATISFY THESE REQUIREMENTS.

### 2. TYPE OF RESCUE TO PERFORM:

As specified by the contract by the AHJ

### 3. VEHICLE:

VEHICLE(S) USED FOR HIGH ANGLE 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.

# HIGH ANGLE RESCUE

## MINIMUM OF EIGHT TEAM MEMBERS SHALL HAVE THE FOLLOWING:

- \_\_\_ 1 HELMET
- \_\_\_ 1 PAIR GLOVES (LEATHER PALM MINIMUM)
- \_\_\_ 1 PAIR LONG SLEEVE COVERALLS
- \_\_\_ 1 KNIFE
- \_\_\_ 1 FLASHLIGHT WITH EXTRA BATTERIES (MAY INCLUDE HELMET LIGHT)
- \_\_\_ 1 CLASS II and/or III HARNESS
- \_\_\_ 2 PRUSSIK CORDS
- \_\_\_ 4 STEEL CARABINERS
- \_\_\_ 1 RESCUE EIGHT DESCENDER

## HIGH ANGLE RESCUE EQUIPMENT REQUIREMENTS

- \_\_\_ 2 EACH RIGGING PLATE
- \_\_\_ 6 EACH CLASS II HARNESSES
- \_\_\_ 4 EACH CLASS III HARNESSES
- \_\_\_ 400 ft. 8 mm PRUSSIK CORDS
- \_\_\_ 350 ft. 2 in. TUBULAR WEBBING
- \_\_\_ 300 ft. 1 in. TUBULAR WEBBING
- \_\_\_ 2 EACH LITTERS - MILITARY TYPE STOKES BASKET, SKED SYSTEM OR OTHER RATED LITTER
- \_\_\_ 14 - 1 in. x 48" STEEL PICKETS OR EQUIVALENT SIZE REBAR
- \_\_\_ 14 EACH PICKET COVERS/CAPS
- \_\_\_ 2 EACH 8 lb. SLEDGEHAMMERS
- \_\_\_ 4 EACH 5/8 in. X 4 in. DOUBLE PULLEYS
- \_\_\_ 4 EACH 5/8 in. X 4 in SINGLE PULLEYS
- \_\_\_ 4 EACH 2 in. SINGLE PULLEYS
- \_\_\_ 2 EACH 2 in. PRUSSIK MINDING SINGLE PULLEYS
- \_\_\_ 4 EACH ASCENDERS THAT WILL ACCEPT A MINIMUM OF ½ IN. ROPE
- \_\_\_ 2 EACH KOOTENAY CARRIAGES (KNOT PASSING PULLEYS)
- \_\_\_ 36 LOCKING STEEL CARABINERS
- \_\_\_ 1,500 ft. x 1/2 in. LOW STRETCH (STATIC) KERNMANTLE ROPE
- \_\_\_ 300 ft. x 5/8 in. LOW STRETCH (STATIC) KERNMANTLE ROPE
- \_\_\_ 300 ft. x 11 mm. High STRETCH (DUNAMIC) KERNMANTLE ROPE
- \_\_\_ 12 EACH 25 ft x 1/2 in. LOW STRETCH (STATIC) KERNMANTLE ROPE
- \_\_\_ 12 EACH RESCUE EIGHT DESCENDERS
- \_\_\_ 1 EACH 14 in. BRAKE BAR RACK (RATED FOR PERSONAL USE)
- \_\_\_ 1 EACH 14 in. BRAKE BAR RACK (RATED FOR GENERAL USE)
- \_\_\_ 2 EACH SHOVEL, MILITARY TYPE, FOLDING
- \_\_\_ 1 EACH BOW SAW - 24 IN.
- \_\_\_ 1 EACH CHAIN SAW, GASOLINE WITH A SPARE CHAIN
- \_\_\_ 1 OSHA COMPLIANT SAFETY FUEL CAN PER AHJ
- \_\_\_ 6 EACH TRAFFIC CONES OR REFLECTIVE TRIANGLES
- \_\_\_ 1 EACH BARRIER TAPE, 1000 FT.
- \_\_\_ 8 EACH TRAFFIC VEST, REFLECTIVE TYPE
- \_\_\_ 1 EACH INCIDENT COMMAND VEST KIT
- \_\_\_ 2 EACH FLASHLIGHT, WITH TRAFFIC WAND, RED OR ORANGE
- \_\_\_ 1 EACH BINOCULARS, 7 X 50 mm POWER, WATERPROOF
- \_\_\_ 1 EACH D.O.T. EMERGENCY RESPONSE GUIDE BOOK
- \_\_\_ 1 EACH RESOURCE BOOK OF LOCAL REGION
- \_\_\_ 1 EACH ORGANIZATIONAL SOG'S
- \_\_\_ 1 EACH COUNTY MAP PER VEHICLE
- \_\_\_ 1 EACH N.C. STATE MAP PER VEHICLE
- \_\_\_ 1 EACH FIRE RETARDANT BLANKET
- \_\_\_ 1 EACH TARP, 8 FT. X 10 FT.
- \_\_\_ 1 EACH TARP, 10 FT. X 12 FT.
- \_\_\_ 1 EACH GLOBAL POSITIONING SYSTEM (GPS)
- \_\_\_ 1 EACH SET OF TOPOGRAPHICAL MAP SET (TO COVER LOCAL REGION)

- \_\_\_ 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)
- \_\_\_ 1 EACH LADDER, EXTENSION TYPE, 24 FT. LENGTH, NFPA FIRE SERVICE RATED
- \_\_\_ 1 EACH LADDER, ATTIC TYPE, 10 FT. LENGTH MINIMUM, NFPA FIRE SERVICE RATED
- \_\_\_ 8 EACH PFD, TYPE 3, U.S. COAST GUARD APPROVED

MEDICAL CARE - ALL MEDICAL EQUIPMENT TO BE N.C.O.E.M.S. APPROVED

- \_\_\_ 1 EACH SPINE BOARDS, 16 IN. X 6 FT. WITH STRAPS X 3
- \_\_\_ 1 EACH EXTRICATION DEVICE (K.E.D. TYPE)
- \_\_\_ 5 EACH EXTRICATION COLLARS, ASSORTED SIZES
- \_\_\_ 2 EACH OXYGEN CYLINDERS
- \_\_\_ 1 EACH OXYGEN REGULATORS, 0-15 LPM
- \_\_\_ 1 EACH NON REBREATHING MASKS
- \_\_\_ 2 EACH NASAL CANNUALS - ADULT, CHILD AND INFANT
- \_\_\_ 1 EACH BAG-VALVE MASK, WITH HIGH CONCENTRATION KIT FOR ADULT, CHILD & INFANT
- \_\_\_ 1 EACH SUCTION DEVICE,PORTABLE, PORTABLE SUCTION UNIT W/RIGID TIP OR SOFT TIP SUCTION CATHETER
- \_\_\_ 1 EACH BLANKET, THERMAL
- \_\_\_ 1 EACH SPLINT KIT, ASSORTED TO INCLUDE TRACTION SPLINTS
- \_\_\_ 1 EACH TRAUMA KIT - PER MEDICAL RESPONDER STANDARDS CRITERIA
- \_\_\_ 1 EACH P.P.E. FOR EACH PERSON PROVIDING MEDICAL CARE
- \_\_\_ 1 EACH BODY/EXPOSURE BAG