

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

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CERTIFICATE OF ELIGIBILITY

TRENCH 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

TRENCH RESCUE

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

NUMBER OF PERSONNEL WITH CERTIFICATION

(ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

MEDICAL RESPONDER - # _____ EMT - # _____ EMT-D - # _____

EMT-I - # _____ EMT-P - # _____ RT - # _____ MICN - # _____ NO CERTIFICATION - # _____

A MINIMUM OF EIGHT (8) PERSONNEL SHALL BE CERTIFIED AS RT'S.

2. TYPE OF RESCUE TO PERFORM AS SPECIFIED IN THE CONTRACT WITH THE AHJ:

INCLUDED BUT NOT LIMITED TO AND BASED ON LOCAL NEED OF AHJ: TRENCH RESCUE.

ORGANIZATIONS OPERATING AT THE TRENCH RESCUE OPERATIONS LEVEL SHALL MEET THE OPERATIONAL LEVELS OF SERVICE FOR TRENCH RESCUE ACCORDING TO NFPA 1670 AND SHALL OPERATE IN COMPLIANCE WITH 29 CFR 1926.650,651 & 652.

IN ADDITION TO ALL OF THE REQUIREMENTS OF: CONFINED SPACE RESCUE - OPERATIONS LEVEL AND IN ACCORDANCE WITH NFPA 1670.

ORGANIZATIONS OPERATING AT THE TRENCH RESCUE TECHNICIAN LEVEL OF SERVICE SHALL MEET THE TECHNICIAN LEVEL OF SERVICE ACCORDING TO NFPA 1670 AND SHALL OPERATE IN COMPLIANCE WITH 29 CFR 1926.650,651 & 652.

IN ADDITION TO ALL OF THE REQUIREMENTS OF: CONFINED SPACE RESCUE - TECHNICIAN LEVEL AND IN ACCORDANCE WITH NFPA 1670.

VEHICLE:

VEHICLE(S) USED FOR TRENCH 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.

Organizations operating at the Trench Rescue operations or technician levels of service shall meet the equipment requirements of Light Rescue plus the following equipment:

- ___ 25 Pneumatic Struts, Screw Jacks and/or Timbers (17"-120") (May substitute adequate amount and proper size of timbers for Pneumatic Struts)*
- ___ 4 Swivels 15-20 degrees
- ___ 8 Shoring Panels (Arctic Birch may be used as rated by the manufacturer and/or OSHA)
- ___ 8 - 4' x 8' Ground Pads (minimum 3/4" plywood)
- ___ 12 - 2" x 12" x 12' uprights - Preferred Yellow Pine or Douglas Fir
- ___ 4 - 8" x 8" x 12' - Preferred Yellow Pine or Douglas Fir
- ___ 6 - 6" x 6" x 12' - Preferred Yellow Pine or Douglas Fir
- ___ 8 - 4" x 6" x 12' - Preferred Yellow Pine or Douglas Fir
- ___ 8 - 2" x 4" x 8' Stub Grade - Preferred Yellow Pine or Douglas Fir
- ___ 24 - 4" x 4" x 12' - Preferred Yellow Pine or Douglas Fir
- ___ 12 - 4" x 4" x 18" Wedges
- ___ 12 - 25 ft x 7/16" Ropes (Utility Rope)
- ___ 1 Air Supply Cart for Air or C02 with attachments (hoses, gauges & regulators) if using Pneumatic Struts
- ___ 2 Chain Saw with Spare Chain
- ___ 1 Air Quality Monitor
- ___ 2 4KW Portable Generators
- ___ 4 Nail Aprons, Leather Type with Pouches
- ___ 6 Framing Hammers 22 oz.
- ___ 6 - 25 ft. Measuring Tapes
- ___ 2 - 2.5 gal. OSHA Compliant Safety Fuel Cans Per AHJ
- ___ 2 - 12' x 14' Tarps
- ___ 2 - 12 ft. Minimum Fire Service Rated Ladders
- ___ 1 - Electric Ventilation Fan (1,000 CFM minimum)
- ___ 1 - 20 ft Ventilation Duct Tube
- ___ 1 - Water Pump - 60 GPM minimum (May Be Submersible)
- ___ 1 - Trash Pump - 80 GPM minimum w/3" inlet
- ___ 2 - Portable Saw Bucks
- ___ 1 - 10 1/4" Circular Saw with Blades
- ___ 6 - Cans Marking Paint
- ___ 2 - Pair Chainsaw Chaps
- ___ 12 - 5 gal. Buckets
- ___ 4 - Folding Shovels (Military Type)
- ___ 2 - Shovels, Long Handle
- ___ 2 - Shovels, Short Handle
- ___ 4 - Wrecking Bars
- ___ 1 - 50 lb. Box of Double Headed Nails, 16D
- ___ 3 - 10,000 lb. Rigging Straps, w/clevises
- ___ 4 - 300 Watt Portable Lights
- ___ 1 SET OF INCIDENT COMMAND FORMS PER AHJ Download These at:
http://www.nimsonline.com/download_center/index.htm#forms