

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

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STATEMENT OF ELIGIBILITY

LIGHT 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 **LIGHT RESCUE** IN THE ABOVE MENTIONED CITY OR
COUNTY.

COUNTY OR CITY OFFICIAL PRINT NAME _____ SIGNED

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

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AND BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

LIGHT RESCUE

LIGHT RESCUE IS DEFINED AS BASIC RESCUE, EXTRICATION AND BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER WITH MINIMUM BASIC EQUIPMENT.

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING THE RESCUE CERTIFICATIONS LISTED BELOW. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.

A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS ERT, RT-VMR, TR-VMR, OR TECHNICAL RESCUER & TR-VR & TR MACHINERY & AGRICULTURE

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR LIGHT 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: _____

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION

A. COMMUNICATIONS EQUIPMENT

- _____ 1 MOBILE RADIO PER VEHICLE
- _____ 4 PORTABLE RADIOS

ALL COMMUNICATIONS EQUIPMENT SHALL HAVE THE CAPABILITY TO COMMUNICATE BETWEEN EMERGENCY AGENCIES OF THE LOCAL JURISDICTION.

B. GENERATOR

- _____ 1 GENERATOR, 5KW, MINIMUM, MOBILE

C. LIGHTING EQUIPMENT

- _____ 2 HANDLIGHTS, PORTABLE, BATTERY POWER OR RECHARGEABLE HANDLIGHTS
- _____ ADEQUATE SCENE LIGHTS TO ILLUMINATE THE SCENE PER THE AHJ. MAY BE PORTABLE, TRIPOD MOUNTED, LIGHT TOWER OR OTHER TYPE LIGHTS. FLASHLIGHTS WILL NOT BE INCLUDED IN THESE LIGHTS. (THESE LIGHTS MAY BE QUARTZ, FLOURESCENT, LED, ETC.)
- _____ 1 TOTAL OF 200 FT., MAY BE DIFFERENT LENGTHS, 12/3 EXT. CORDS
- _____ 2 12/3 GFCI

D. FIRE PROTECTION EQUIPMENT

- _____ 1 EXTINGUISHER, PORTABLE, 10 LB., ABC TYPE
- _____ 1 EXTINGUISHER, PORTABLE, 10 LB., CO 2 TYPE

E. PROTECTIVE CLOTHING: MINIMUM OF EIGHT (8) SETS

- _____ 8 PAIR GLOVES, LEATHER PALM
- _____ 8 PAIR GOGGLES/SAFETY GLASSES
- _____ 8 PROTECTIVE COATS, PROTECTIVE COVERALLS FLAME RESIST. IE.EX. 6.0-7.5 NOMEX
- _____ 8 PROTECTIVE PANTS, PROTECTIVE COVERALLS FLAME RESIST. IE. EX. 6.0-7.5 NOMEX
- _____ 8 PAIR PROTECTIVE FOOTWEAR
- _____ 8 SAFETY RATED HELMET
- _____ 8 HEARING PROTECTIONS

F. CRIBBING AND STABILIZATION

- _____ 12 BLOCKS, 4"X4"X24" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 12 BLOCKS, 2"X4"X24" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 12 PAIR WEDGES, 4"X4"X18" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 2 PER VEHICLE WHEEL CHOCKS - (Note: Not Required on Department Ambulances)
- _____ 2 STEP CRIBBING
- _____ 8 PICKETS 1" X 48" MINIMUM, ROLLED STEEL OR #8 REBAR EQUIVLENT
- _____ 8 PICKETS CAPS/COVERS

G. HIGH LEVEL EQUIPMENT

- _____ 500 FT - 1/2 IN ROPE, 9000 LB. TENSILE STRENGTH, LOW STRETCH (STATIC KERNMANTLE), MAY BE CUT TO DIFFERENT LENGTHS
- _____ 2 EACH HARNESS, CLASS II TYPE
- _____ 12 CARABINERS LOCKING GATE, 9000 LB MINIMUM OR 40KN (ALUMINUM MUST BE STAMPED)
- _____ 5 DESCENDERS, MAY BE ANY COMBINATION OF APPROVED GENERAL USE DESCENDERS WITH A MINIMUM OF ONE (1) BRAKE BAR RACK. (8'S MUST BE WINGED TYPE)
- _____ 1 RIGGING PLATE
- _____ 6 - 8mm PRUSSIK SLINGS, LENGTHS MAY VARY PER THE AHJ (53" & 65" PRE-TIED ARE RECOMMENDED)
- _____ 8 - 25 FT X 1/2 IN., BODY CORD, KERNMANTLE
- _____ 8 - 25 FT X 1 IN., WEBBING - THIS IS IN ADDITION TO THE NFPA COLORS BELOW TUBULAR IS RECOMMENDED)
- _____ 6 - 5 FT X 1 IN. TUBULAR WEBBING - GREEN
- _____ 6 - 12 FT X 1 IN. TUBULAR WEBBING - YELLOW
- _____ 6 - 15 FT X 1 IN. TUBULAR WEBBING - BLUE
- _____ 6 - 20 FT X 1 IN. TUBULAR WEBBING - RED
- _____ 6 - 25 FT X 1 IN. TUBULAR WEBBING - BLACK
- _____ 1 BASKET STRETCHER, STOKES TYPE - WITH ADJUSTABLE BRIDLE (PREMADE OR MFG)
- _____ 2 DOUBLE SHEAVE PULLEYS, 1/2 IN. X 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS, MAY BE STEEL, ALUMINUM, ETC. PER THE AHJ
- _____ 2 SINGLE SHEAVE PULLEYS, 1/2 IN. X 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS
- _____ 4 EDGE ROLLERS/PADS

H. HANDLED TOOLS

- _____ 1 HAMMER, 4 LB., SLEDGE TYPE, 15 IN. HANDLE
- _____ 1 SHOVEL, MILITARY TYPE, FOLDING
- _____ 1 BOLT CUTTERS, 24 IN.
- _____ 1 BOLT CUTTERS, 36 IN.
- _____ 1 PRY BAR, 15 IN.
- _____ 1 PRY BAR, 51 IN.
- _____ 1 HALIGAN/HOOLIGAN BAR, 36 IN.
- _____ 1 HATCHET (Note: A Pry Axe may be substituted for a hatchet)
- _____ 1 - 36 IN. CROWBAR
- _____ 1 - 10 FT. PIKE POLE
- _____ 1 - 6 LB. FLAT HEAD AXE
- _____ 1 - 6 LB. PICK HEAD AXE
- _____ 1 - 8 LB. SLEDGE HAMMER
- _____ 1 - LONG HANDLE, ROUND POINT SHOVEL

I. CUTTING TOOLS

- _____ 2 RIGID FRAME HACKSAWS
- _____ 12 ASSORTED HACK SAW BLADES, 6 PER SAW
- _____ 1 BOW SAW - 24 IN
- _____ 1 CHAIN SAW, GASOLINE OR ELECTRIC, SPARE CHAIN
- _____ 1 PAIR CHAINSAW CHAPS
- _____ 1 RECIPROCATING SAW - MUST BE ELECTRIC (AC CORDED)
- _____ 12 RECIPROCATING SAW BLADES
- _____ 1 BOTTLE OF SPRAY LUBRICANT (NON-FLAMMABLE)

J. TRAFFIC AND CROWD CONTROL EQUIPMENT

- _____ 6 TRAFFIC CONES OR REFLECTIVE TRIANGLES
- _____ 1 BARRIER TAPE, 1000 FT
- _____ 8 TRAFFIC VEST, REFLECTIVE TYPE (MUST BE DOT COMPLIANT PER AHJ)
- _____ 1 INCIDENT COMMAND VEST KIT

- _____ 2 FLASHLIGHTS, WITH TRAFFIC WAND, RED, YELLOW OR ORANGE
- _____ 1 BINOCULARS, 7 X 50 mm POWER
- _____ 1 D.O.T. EMERGENCY RESPONSE GUIDE BOOK - CURRENT EDITION

K. PULLING, LIFTING AND TOWING EQUIPMENT

- _____ 1 WINCH 8000 LB. CAP, TRUCK MOUNTED
- _____ 1 HANDWINCH, (COME-A-LONG TYPE), 2 TON AND MAY BE CHAIN OR CABLE, WEBBING TYPE NOT ACCEPTED.
- _____ 1 CHAIN, 3/8 X 6 FT., GRADE 70 TRANSPORT CHAIN-W/CLEVIS HOOKS
- _____ 1 CHAIN, 3/8 X 12 FT., GRADE 70 TRANSPORT CHAIN-W/CLEVIS HOOKS
- _____ 1 CHAIN, 3/8 X 20 FT., GRADE 70 TRANSPORT CHAIN-W/CLEVIS HOOKS
- _____ 2 CHAIN SHORTENERS, 3/8 IN., GRADE 70 TRANSPORT CHAIN-W/CLEVIS HOOKS
- _____ 1 PORT-A-POWER, 4 TON, RESCUE KIT
- _____ 2 - 48 IN. HIGH LIFT JACKS
- _____ 1 BOTTLE JACK, HYDRAULIC, 10 TON

L. RESCUE HANDTOOLS BOX

- _____ 6 SCREWDRIVERS, STRAIGHT BLADE, ASSORTED SIZES AT LEAST 2 MUST BE 15 IN.
- _____ 4 SCREWDRIVERS, PHILLIPS BLADE, ASSORTED SIZES
- _____ 4 CENTERPUNCH, SPRING LOADED
- _____ 1 WRENCH, CRESCENT TYPE, 10 IN
- _____ 1 PIPEWRENCH, 18 IN
- _____ 1 KNIFE, UTILITY TYPE, HOOKED BLADE
- _____ 1 HAMMER, 2 LB., MACHINIST TYPE
- _____ 1 PLIERS, VISE GRIP TYPE, 6 IN
- _____ 1 PLIERS, VISE GRIP TYPE, 10 IN
- _____ 1 PLIERS, SLIP JOINT TYPE, 9 1/2 IN.
- _____ 1 PLIERS, SLIP JOINT TYPE, 16 IN. - CHANNELLOCK TYPE
- _____ 1 COLD CHISEL, 1/2 IN. X 12 IN
- _____ 1 COLD CHISEL, 1 IN. X 12 IN
- _____ 1 TIN SNIPS, 8 IN MINIMUM
- _____ 1 SOCKET SET, 1/4 IN. DRIVE, STANDARD (3/16 THRU 1/2) AND METRIC (4 THRU 13 MM)
- _____ 1 SOCKET SET, 3/8 IN. DRIVE, STANDARD (7/16 THRU 13/16) AND METRIC (8 THRU 19 MM)
- _____ 1 COMBINATION WRENCH SET, STANDARD & METRIC SETS- STANDARD-1/4 IN. THRU 1 5/8 IN., METRIC, 6 mm THRU 32 mm
- _____ 1 HEX KEY WRENCH SET STANDARD & METRIC 5/64, 3/8 & 1.5 mm - 10 mm
- _____ 1 TORX DRIVERS SET, SOCKET TYPE, SIZES 15 - 45
- _____ 1 ROLL OF ELECTRIC TAPE
- _____ 1 ROLL OF DUCT TAPE, 2 IN. WIDE

M. MISCELLANEOUS

- _____ 1 SET OF PRINTED INCIDENT COMMAND FORMS PER AHJ: Download these forms at the following link which: <http://www.ncarems.org/standards.php>
- _____ 1 SET OF DEPARTMENTAL SOG'S - ONSITE
- _____ 1 COUNTY MAP PER VEHICLE
- _____ 1 N.C. STATE MAP PER VEHICLE
- _____ 1 FIRE RETARDANT BLANKET
- _____ 2 TARPS, 10 FT. X 12 FT. - MINIMUM
- _____ 1 GLOBAL POSITIONING SYSTEM (GPS) (NOTE: GPS MUST BE ABLE TO ACCEPT COORDINATES FOR LANDING ZONES, SEARCHES & MAY NOT BE A VEHICLE TYPE NOR A CELL PHONE)
- _____ 1 SET OF TOPOGRAPHICAL MAP SET TO COVER LOCAL REGION, (ELECTRONIC OR PAPER VERSIONS ACCEPTED)
- _____ 1 OSHA COMPLIANT SAFETY FUEL CAN
- _____ 1 LANDING ZONE LIGHT KIT (CAN BE MANUFACTURED OR CUSTOM MADE BY AHJ. IF YOUR AHJ USES VEHICLES OR OTHER MEANS FOR LZ SETUP, PLEASE SPECIFY YOUR PLAN TO THE INSPECTOR)

N. LADDERS

- _____ 1 LADDER, EXTENSION TYPE, 24 FT. LENGTH, NFPA FIRE SERVICE RATED
- _____ 1 LADDER, ATTIC TYPE, 10 FT. LENGTH MINIMUM, NFPA FIRE SERVICE RATED

O. WATER RESCUE: MINIMUM OF EIGHT (8) SETS

- _____ 8 PFD, TYPE III/V, VEST TYPE, U.S. COAST GUARD APPROVED - (NOTE: THE STANDARDS COMMITTEE RECOMMENDS THAT IF AN ORGANIZATION IS PLANNING TO BECOME CERTIFIED AT THE SWIFTWATER LEVEL THE ORGANIZATION PURCHASE THE TYPE V, RATHER THAN THE TYPE III VESTS TO REDUCE EXPENSE LATER)
- _____ 8 HELMETS, SUITABLE FOR WATER RESCUE
- _____ 2 WATER RESCUE THROW BAGS (FLOATING ROPE), 3/8 IN. X 70 FT
- _____ 1 - 18 IN. TYPE IV THROWABLE DEVICE

P. SCBA UNITS

- _____ 4 SELF CONTAINED BREATHING APPARATUS MINIMUM 30 MINUTE DURATION EACH WITH A P.A.S.S. (Personal Alert Safety System) Device ALARM
- _____ 4 SPARE AIR CYLINDERS (COMPATIBLE TO FIT ABOVE MENTIONED SCBA)

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

- _____ 1 LONG SPINE BOARD, WITH STRAPS PER AHJ
- _____ 1 EXTRICATION DEVICE (K.E.D. TYPE)
- _____ 3 EXTRICATION COLLARS, 2 ADULT & 1 PEDIATRIC
- _____ 2 OXYGEN CYLINDERS
- _____ 1 OXYGEN REGULATORS, 0-15 LPM
- _____ 1 NON REBREATHING MASKS, INFANT, CHILD AND ADULT
- _____ 2 NASAL CANNALS - ADULT, CHILD AND INFANT
- _____ 1 BAG-VALVE MASK, WITH HIGH CONCENTRATION KIT FOR ADULT, CHILD & INFANT
- _____ 1 SUCTION DEVICE, PORTABLE SUCTION UNIT W/RIGID TIP OR SOFT TIP SUCTION CATHETER
- _____ 1 BLANKET
- _____ 1 SPLINT KIT, ASSORTED TO INCLUDE TRACTION SPLINTS
- _____ 1 TRAUMA KIT - PER MEDICAL RESPONDER STANDARDS CRITERIA
- _____ 1 BODY/EXPOSURE BAG

NOTE: IF AGENCY HAS A NCOEMS PERMITTED AMBULANCE, THE ABOVE MEDICAL CARE EQUIPMENT WILL BE AUTOMATICALLY CREDITED DURING THE INSPECTION.