

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

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STATEMENT OF ELIGIBILITY

NC MOUNTAIN 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**

Revised: 12/31/18

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 **MOUNTAIN 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

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _____ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE **MOUNTAIN RESCUE** IN THE ABOVE MENTIONED CITY
OR COUNTY.

DEPARTMENT 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 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

BOTH SIGNATURES ARE REQUIRED

NC Mountain Rescue: Inspectors Initials _____

Revised: 12/31/18

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

NC MOUNTAIN RESCUE

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING THE NC MOUNTAIN 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-ROPES OR TR-GENERAL & TR-ROPES IN ADDITION TO CERTIFICATION FOR NC MOUNTAIN RESCUE.

ORGANIZATIONS OPERATING AT THE NC MOUNTAIN RESCUE STANDARD MUST MEET NFPA 1006, 2013 EDITION, CHAPTERS 5 (GENERAL) AND CHAPTER 6 (ROPES). THE NC MOUNTAIN RESCUE STANDARD WHICH INCLUDES BUT IS NOT LIMITED TO MOUNTAINEERING AND ALPINE SKILLS, MAY BE MET BY HAVING CERTIFICATION(S) FROM NC EMERGENCY MANAGEMENT, MOUNTAIN RESCUE ASSOCIATION (MRA), RESCUE 3 INTERNATIONAL OR THE NATIONAL CAVE RESCUE COMMISSION. AN ORGANIZATION CHOSING TO OPERATING AT THE NC MOUNTAIN RESCUE LEVEL MAY CHOOSE TO DO ONLY THE MOUNTAIN RESCUE PORTION (WITHOUT THE ALPINE EQUIPMENT) AS PER THE NEEDS OF THE AHJ AND WOULD NOT NEED THE ALPINE EQUIPMENT. IF THE ORGANIZATION CHOOSES TO PROVIDE BOTH ALPINE AND MOUNTAIN THEY WOULD NEED BOTH SETS OF EQUIPMENT LISTED ON PAGE 4.

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ AND IN ACCORDENCE TO THE METHODOLOGY OUTLINED IN *MOUNTAINEERING - FREEDOM OF THE HILLS* 8TH EDITION TEXT AND THE *CONTERRA TECHNICAL RESCUE RIGGERS GUIDE*, 2ND EDITION POCKET GUIDE.

3. VEHICLE:

VEHICLE(S) USED FOR MOUNTAIN 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: _____

MOUNTAIN RESCUE PORTION ONLY: _____ YES _____ NO (If yes agency only needs the Mountain & Team Equipment Listed Below)

APPROVED: _____ YES _____ NO INSPECTOR'S SIGNATURE: _____

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

NC Mountain Rescue

MINIMUM OF EIGHT TEAM MEMBERS SHALL HAVE THE FOLLOWING:

- ___ 1 HELMET
- ___ 1 PAIR GLOVES (LEATHER PALM MINIMUM)
- ___ 1 PAIR EYE PROTECTION
- ___ 1 PPE/CLOTHING ADEQUATE FOR THE ENVIRONMENT (NON COTTON MATERIAL)
- ___ 1 KNIFE
- ___ 2 FLASHLIGHTS WITH EXTRA BATTERIES (MAY INCLUDE HELMET LIGHT)
- ___ 1 FIRE STARTING KIT
- ___ 1 NAVIGATION COMPASS

NC MOUNTAIN EQUIPMENT REQUIREMENTS IN ADDITION TO THE REQUIREMENTS OF LIGHT RESCUE PROVIDER:

MOUNTAIN EQUIPMENT

- ___ 2 9MM (>20KN RATED) STATIC ROPE X 150' (NOTE: ADDITIONAL ROPE MAY BE NEEDED PER AHJ & RESPECTIVE ENVIRONMENT)
- ___ 3 - 25FT 1IN TUBULAR WEBBING - BLACK (Same as Light Rescue Standard)
- ___ 8 - 10MM DYNEX SEWN RUNNER, 60CM IN LENGTH
- ___ 4 MICRO PULLEYS OR INTERGRATED PULLEY/CARABINER
- ___ 10 ALUMINUM LOCKING CARABINER (>20KN RATED)
- ___ 4 ATC GUIDE STYLE BELAY DEVICES
- ___ 8 CLASS II HARNESSES LIGHTWEIGHT/CLIMBING STYLE - (Commercially Made is Preferred/Recommended)
- ___ 150 ft. - 6 mm PRUSSIK CORDS - (MAY BE CUT INTO VARIOUS LENGTHS PER THE AHJ)
- ___ 1 LITTER - MILITARY TYPE STOKES BASKET, SKED SYSTEM OR OTHER TYPE LITTER
- ___ 5 - 30 Ft. x 8MM LOW STRETCH KERNMANTLE ROPE
- ___ 8 - TRACTION CONTROL/MICRO SPIKE DEVICE

ALPINE EQUIPMENT

- ___ 8PR SNOWSHOES
- ___ 8PR TREKKING POLES
- ___ 4PR CRAMPONS
- ___ 4 ICE AXE 70CM
- ___ 2 AVALANCHE SHOVEL

NC Mountain Rescue: Inspectors Initials _____

Revised: 12/31/18