

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

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

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.

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

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, TECHNICAL RESCUER & TR- VEHICLE RESCUE & TR MACHINERY & AGRICULTURE, OR TR ROPES & TR COMMON PASSENGER VEHICLE & 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 (WOOD OR COMMERCIALY MADE)
_____ 8 PICKETS 1" X 48" MINIMUM, ROLLED STEEL OR #8 REBAR EQUIVLENT
_____ 8 PICKETS CAPS/COVERS

G. HIGH LEVEL EQUIPMENT

High level equipment software and hardware must meet NFPA 2500 general use requirements. Life safety rope will be 11mm-16mm in diameter with a minimum breaking strength of 40 kN. All hardware must be sized and rated specifically for the size of rope being used at the department. These updates are not required if you have successfully been inspected previously by NCAREMS.

- _____ 500 FT - GENERAL USE LIFE SAFETY ROPE AS SPECIFIED IN NFPA 2500. THIS MAY BE CUT TO DIFFERENT LENGTHS. (NOTE - AGENCIES WILL BE REQUIRED TO MAINTAIN MANUFACTURER'S DOCUMENTATION TO DEMONSTRATE COMPLIANCE WITH THE ABOVE REQUIREMENTS DURING AN INSPECTION, UNLESS YOU HAVE BEEN SUCCESSFULLY INSPECTED BY A PREVIOUS NCAREMS STANDARD AND RETAINED THE ORIGINAL EQUIPMENT). ACCORDINGLY, THE NFPA GENERAL USE LIFE SAFETY ROPES ARE TO BE 11 mm to 16 mm IN DIAMETER WITH A MBS OF 40 KN
- _____ 2 EACH HARNESS, CLASS II TYPE
- _____ 12 CARABINERS LOCKING GATE, MUST MEET NFPA 2500 GENERAL USE REQUIREMENTS (ALUMINUM MUST BE STAMPED). HARDWARE MUST BE SPECIFICALLY SIZED FOR THE SIZE OF ROPE BEING USED. THESE UPDATES ARE NOT REQUIRED IF YOU HAVE BEEN SUCCESSFULLY INSPECTED BY A PREVIOUS NCAREMS STANDARD AND HAVE RETAINED THAT EQUIPMENT.
- _____ 5 DESCENDERS, MAY BE ANY COMBINATION OF APPROVED GENERAL USE DESCENDERS WITH A MINIMUM OF ONE (1) BRAKE BAR RACK. (IF USING 8'S MUST BE WINGED TYPE)
- _____ 1 RIGGING PLATE
- _____ 6 - 7mm - 9mm PRUSSIK SLINGS, LENGTHS MAY VARY PER THE AHJ'S NEEDS. (Note: EYE TO EYE OR SOWN SLINGS MAY BE SUBSTITUTED FOR THE ABOVE BUT MUST MEET THE REQUIREMENTS of NFPA 2500 GENERAL USE AND BE CORRECTLY SIZED FOR THE SIZE OF ROPE BEING USED)
- _____ 8 - 25 FT GENERAL USE LIFE SAFETY ROPE
- _____ ~~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
- _____ 10 - 25 FT X 1 IN. TUBULAR WEBBING - BLACK
- _____ 1 BASKET STRETCHER, STOKES TYPE - WITH ADJUSTABLE BRIDLE (PREMADE OR MFG)
- _____ 2 DOUBLE SHEAVE PULLEYS, 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS, MAY BE STEEL, ALUMINUM, ETC.
- _____ 2 SINGLE SHEAVE PULLEYS, 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS MAY BE STEEL, ALUMINUM, ETC.
- _____ 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 PAIR OF BINOCULARS PER RESCUE VEHICLE, 7 X 50 mm POWER
1 D.O.T. EMERGENCY RESPONSE GUIDEBOOK PER RESCUE VEHICLE - CURRENT EDITION
(DIGITAL OR HARDCOPY)

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. HAND TOOLS - MECHANICS TOOLS (MANUAL & POWER)

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. - CHANNEL LOCK 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 (A FLOATING ROPE AS DEFINED BY NFPA 1006, 2021 EDITION AND IS OF SUFFICIENT DIAMETER TO BE GRIPPED BY BARE WET HANDS), 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 CANNULAS - 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 UPPER/LOWER EXTRIMITY IMMOBILIZATION DEVICES
- _____ 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.