

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

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**STATEMENT OF ELIGIBILITY**

**WATER RESCUE - SWIFTWATER 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 **SWIFTWATER 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 **SWIFTWATER 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**

Water Rescue Swiftwater: Inspectors Initials \_\_\_\_\_

Revised: 01/01/25

**MINIMUM STANDARD REQUIREMENTS - NCAR&EMS**  
**WATER RESCUE - SWIFTWATER 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 - \_\_\_\_\_ RESCUE CERTIFIED - \_\_\_\_\_ RN/MICN - \_\_\_\_\_

**A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS ERT, RT-VMR & RT-ROPES, TR-GENERAL & TR-SWIFTWATER, TR-GENERAL & TR-ROPES OR TECHNICAL RESCUER & TR-SWIFTWATER.**

**Note if previously certified as ERT, RT-VMR & RT-ROPES you must also be certified as Swiftwater Technician.**

**2. TYPE OF RESCUE TO PERFORM:**

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

**3. VEHICLE:**

VEHICLE(S) USED FOR SWIFTWATER 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: \_\_\_\_\_

NIMS TYPE: \_\_\_\_\_

I, II, III, and IV (See #5 on Page 4)

This standard currently meets Type IV

For organizations wishing to certify at a higher level see page 4

**YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY**

Water Rescue Swiftwater: Inspectors Initials \_\_\_\_\_

**Revised: 01/01/25**

# REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE

ORGANIZATIONS OPERATING AT THE SWIFTWATER RESCUE TECHNICIAN LEVELS OF SERVICE SHALL MEET THE EQUIPMENT REQUIREMENTS OF LIGHT RESCUE PLUS THE FOLLOWING EQUIPMENT:

## SWIFTWATER RESCUE EQUIPMENT REQUIREMENTS

1. Adequate water rescue rope (polypropylene rope that floats) for the Authority Having Jurisdiction
2. Watercraft suitable for the authority having jurisdiction.
3. Adequate water rescue recovery equipment for the authority having jurisdiction.

Personal protective equipment to include the following:

- \_\_\_\_\_ 8 pr. Gloves (Aquatic Type)
- \_\_\_\_\_ 8 Full Body Thermal Protection recommended (May Be Wet or Dry Suits)
- \_\_\_\_\_ 8 Swiftwater Rescue Vest PFD, Type V, U.S. Coast Guard approved
- \_\_\_\_\_ 8 pr. Appropriate Water Shoes
- \_\_\_\_\_ 8 Whistles
- \_\_\_\_\_ 8 Water rescue knives
- \_\_\_\_\_ 8 Chemical Light Sticks
- \_\_\_\_\_ 3 Aerial Flares
- \_\_\_\_\_ 3 Dye Markers
- \_\_\_\_\_ 3 Dry Gear Bags
- \_\_\_\_\_ 3 Flashlights (w/Spare Batteries)
- \_\_\_\_\_ 3 Handheld Flares (Marine Type)
- \_\_\_\_\_ 3 Smoke Marking Devices
- \_\_\_\_\_ 6 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)
- \_\_\_\_\_ 300 ft Water Rescue Rope, W/Storage Bag, (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
- \_\_\_\_\_ 16 Aluminum carabiners - (non-locking)
- \_\_\_\_\_ 16 5mm x 4-ft. Low Stretch Prussik Cords (2 per vest)
- \_\_\_\_\_ 1 - 18 in Type IV Throwable Device
- \_\_\_\_\_ 1 Hose Inflator Kit (may be commercial or homemade)
- \_\_\_\_\_ 100 ft. 1 1/2 Fire Hose

### 5. NIMS TYPING INFORMATION:

This standard currently meets NIMS Typing Criteria IV. Organizations wishing to certify at a higher level must meet the additional requirements for personnel, training and equipment. To locate this information cut and paste the following link into your web browser.

<https://rtlt.preptoolkit.fema.gov/Public/Resource/ViewFile/8-508-1020?type=Pdf&q=swiftwater>

Per the NIMS "Swiftwater/Flood Search and Rescue Team" document, in order to locate the various quantities of each equipment item, please reference the FIRESCOPE Swiftwater/Flood Search and Rescue definition at:

<http://www.firescope.org/ics-usar/ICS-SF-SAR-020-1.pdf>