

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

CERTIFICATE OF ELIGIBILITY

HIGH ANGLE 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 ___

COPY OF STATE CHARTER & CONTRACT

WITH CITY / COUNTY, INDICATING DISTRICT OF AUTHORITY,

MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY

DEPT. NAME _____

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,
OPERATING IN:

_____ CITY OR COUNTY

COUNTY OR CITY OFFICIAL 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 THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

_____ SIGNATURE, SQUAD 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 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

HIGH ANGLE RESCUE

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 & RT-ROPES OR TR-GENERAL & TR-ROPES

ORGANIZATIONS OPERATING AT THE TECHNICIAN LEVELS OF HIGH ANGLE RESCUE SHOULD HAVE COMPLETED AS A MIMUMUM AN ADDITIONAL 36 HOURS OF HIGH LEVEL RESCUE TRAINING. THIS TRAINING MAY COME FROM SUCH COURSES AS GRADUATION FROM THE N.C. HIGH ANGLE RESCUE SCHOOL OR COMPLETION OF THE WESTERN N.C. RESCUE COLLEGE MOUNTAIN RESCUE PROGRAM OR OTHER RECOGNIZED COURSES OF INSTRUCTION MEETING NFPA 1006 TECHNICIAN LEVEL. RESCUE TECHNICIANS WHO HAVE COMPLETED NFPA 1006, CHAPTER 6 (ROPES) WILL SATISFY THESE REQUIREMENTS.

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR HIGH ANGLE 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 IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE

HIGH ANGLE RESCUE

MINIMUM OF EIGHT TEAM MEMBERS SHALL HAVE THE FOLLOWING:

- ____ 1 HELMET
- ____ 1 PAIR GLOVES (LEATHER PALM MINIMUM)
- ____ 1 PAIR LONG SLEEVE COVERALLS
- ____ 1 KNIFE
- ____ 1 FLASHLIGHT WITH EXTRA BATTERIES (MAY INCLUDE HELMET LIGHT)

HIGH ANGLE RESCUE EQUIPMENT REQUIREMENTS IN ADDITION TO THE REQUIREMENTS OF LIGHT RESCUE

- ____ 1 RIGGING PLATE
- ____ 4 CLASS II HARNESSSES
- ____ 4 CLASS III HARNESSSES - (MAY BE A CONVERTED CLASS II WITH A CHEST HITCH)
- ____ 150 ft. 8 mm PRUSSIK CORDS
- ____ 1 LITTER - MILITARY TYPE STOKES BASKET, SKED SYSTEM OR OTHER RATED LITTER
- ____ 8 - 1 in. x 48" STEEL PICKETS OR EQUIVALENT SIZE REBAR
- ____ 8 - PICKET COVERS/CAPS
- ____ 2 - 8 lb. SLEDGEHAMMERS
- ____ 4 - 5/8 in X 4 in DOUBLE PULLEYS
- ____ 4 - 5/8 in X 4 in SINGLE PULLEYS
- ____ 4 - 2 in SINGLE PULLEYS
- ____ 4 - 2 in PRUSSIK MINDING SINGLE PULLEYS
- ____ 4 ASCENDERS THAT WILL ACCEPT A MINIMUM OF 1/2 IN. ROPE
- ____ 2 KOOTENAY CARRIAGES (KNOT PASSING PULLEYS)
- ____ 36 LOCKING CARABINERS - 9000 LB MINIMUM OR 40KN (ALUMINUM MUST BE STAMPED)
- ____ 1,500 ft. x 1/2 in LOW STRETCH KERNMANTLE ROPE, MAY BE CUT TO DIFFERENT LENGTHS
- ____ 12 - 25 ft x 1/2 in LOW STRETCH KERNMANTLE ROPE
- ____ 9 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)

IF AN ORGANIZATION WISHES TO BE CERTIFIED AT THE HIGH ANGLE RESCUE LEVEL AND IS CURRENTLY AT EITHER THE LIGHT, MEDIUM OR HEAVY LEVEL THE FOLLOWING CHART WILL INDICATE HOW MUCH MORE EQUIPMENT YOU WILL NEED IN ADDITION TO THE DESIRED STANDARD.

High Angle Equipment	Total	Additional Equipment		
		Light	Medium	Heavy
Rigging Plates	2	1	1	1
Class II Harness	6	4	2	2
Class III Harness	4	4	2	0
150' 8mm Accessory Cord	1	1	1	1
Stokes Basket	2	1	1	0
Pickets	16	8	4	0
8 lb. Sledgehammers	2	1	1	0
4" Double Sheave Pulleys	4	2	2	0
4" Single Sheave Pulleys	8	6	4	0
2" Single Sheave Pulleys	4	4	4	4
2" PMP Pulleys	4	4	3	2
Ascenders	4	4	4	4
Kootenay Carriage	2	2	2	2
Carabiners	48	36	24	12
1/2" Static Kernmantle Rope	1500'	1000'	600'	300'
25' - 1/2" Body Cords	12	4	4	4
Descenders	14	9	5	0