

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

MEDIUM 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

MEDIUM RESCUE

MEDIUM RESCUE IS DEFINED AS BASIC AND SOME ADVANCED RESCUE, BASIC AND ADVANCED EXTRICATION, AND BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER WITH MINIMUM ADVANCED EQUIPMENT AND SKILLS.

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 OR TR-VMR

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR MEDIUM 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 EACH MOBILE RADIO PER VEHICLE
- _____ 6 EACH 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

- _____ 6 - HANDLIGHTS, PORTABLE, BATTERY POWER OR RECHARGEABLE HANDLIGHTS
- _____ 2000 WATTS OF LIGHTS, MAY BE PORTABLE OR TRIPOD MOUNTED, (THIS IS COMBINED WATTAGE AND MAY BE QUARTZ, FLOURESCENT, LED, ETC.)
- _____ 1 - 200 FT OF 12/3 EXT. CORDS., MAY BE DIFFERENT LENGTHS,
- _____ 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

- _____ 30 EACH BLOCKS, 4"X4"X24" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 16 EACH BLOCKS, 2"X4"X24" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 16 PAIR WEDGES, 4"X4"X18" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 6 BLOCKS, 6"X6"X24" (MINIMUM), PREFERRED SOUTHERN YELLOW PINE OR DOUGLAS FIR
- _____ 2 PER VEHICLE WHEEL CHOCKS - (Note: Not Required on Department Ambulances)
- _____ 4 STEP CRIBBING
- _____ 12 PICKETS 1" X 48" MINIMUM, ROLLED STEEL OR #8 REBAR EQUIVLENT
- _____ 12 PICKETS CAPS/COVERS

G. HIGH LEVEL EQUIPMENT

- _____ 900 FT - 1/2 IN ROPE, 9000 LB. TENSILE STRENGTH, LOW STRETCH KERNMANTLE, MAY BE CUT TO DIFFERENT LENGTHS
- _____ 4 HARNESSSES, CLASS II TYPE
- _____ 2 HARNESSSES, CLASS III TYPE
- _____ 24 CARABINERS LOCKING GATE, 9000 LB MINIMUM OR 40KN (ALUMINUM MUST BE STAMPED)
- _____ 9 DESCENDERS, MAY BE ANY COMBINATION OF APPROVED GENERAL USE DESCENDERS WITH A MINUMUM OF ONE (1) BRAKE BAR RACK. (8'S MUST BE WINGED TYPE)
- _____ 1 RIGGING PLATE
- _____ 12 - 8mm PRUSSIK SLINGS, LENGTHS MAY VARY (53" & 65" PRE-TIED RECOMMENDED)
- _____ 8 - 25 FT X 1/2 IN., BODY CORD, KERNMANTLE
- _____ 8 - 25 FT X 2 IN., TUBULAR WEBBING
- _____ 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, 5/8 IN. X 4 IN., STEEL
- _____ 4 SINGLE SHEAVE PULLEYS, 5/8 IN. X 4 IN., STEEL
- _____ 1 - 1/2 IN. SINGLE SHEAVE PULLEY PRUSSIK MINDING
- _____ 4 EDGE ROLLERS/PADS

H. HANDLED TOOLS

- _____ 2 HAMMERS, 4 LB., SLEDGE TYPE, 15 IN. HANDLE
- _____ 1 HAMMER, 22 OZ. CLAW TYPE W/15 IN. HANDLE
- _____ 2 SHOVEL, MILITARY TYPE, FOLDING
- _____ 1 BOLT CUTTERS, 24 IN
- _____ 1 BOLT CUTTERS, 36 IN
- _____ 1 FLAT BAR
- _____ 1 PRY BAR, 15 IN
- _____ 2 PRY BAR, 51 IN
- _____ 1 HALIGAN BAR SINGLE PIECE TOOL, 36 IN. HANDLE
- _____ 1 HATCHET (Note: A Pry Axe may be substituted for a hatchet)
- _____ 1 - 36 IN. CROWBAR OR HALIGAN TOOL
- _____ 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
- _____ 1 LONG HANDLE, SQUARE SHOVEL

I. CUTTING TOOLS

- _____ 2 RIGID FRAME HACKSAWS
- _____ 12 ASSORTED HACK SAW BLADES
- _____ 1 BOW SAW - 24 IN
- _____ 1 CHAIN SAW, GASOLINE OR ELECTRIC OR HYDRAULIC
- _____ 1 PAIR CHAINSAW CHAPS
- _____ 1 SPARE CHAIN
- _____ 2 RECIPROCATING SAWS @ LEAST ONE MUST BE ELECTRIC (AC CORDED)
- _____ 12 ASSORTED RECIPROCATING SAWBLADES
- _____ 1 BOTTLE OF SPRAY LUBRICANT (NON-FLAMMABLE)
- _____ 1 AIR CHISEL - W/ASSORTED BITS, REGULATOR & HOSES

J. TRAFFIC AND CROWD CONTROL AND HAZ-MAT EQUIPMENT

- _____ 6 TRAFFIC CONES OR REFLECTIVE TRIANGLES
- _____ 1 BARRIER TAPE, 2000 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 PER VEHICLE, BINOCULARS, 7 X 50 mm POWER
- _____ 1 PER VEHICLE, D.O.T. EMERGENCY RESPONSE BOOK - CURRENT EDITION

K. PULLING EQUIPMENT

- _____ 1 WINCH 8000 LB. CAP, TRUCK MOUNTED
- _____ 2 SINGLE SHEAVE SNATCH BLOCKS FOR WINCH
- _____ 2 HANDWINCH, (COME-A-LONG TYPE), 2 TON AND MAY BE CHAIN OR CABLE. WEBBING TYPE NOT ACCEPTED
- _____ 2 CHAIN, 3/8 X 6 FT., GRADE 70 TRANSPORT CHAIN-W/CLEVIS HOOKS
- _____ 2 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
- _____ 4 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
- _____ 1 HIGH PRESSURE AIRBAG SET 50 TON CAPACITY-W/ACCESSORIES-HOSES, REGULATORS & GAUGES

L. HEAVY HYDRAULIC RESCUE TOOLS

- _____ 1 HYDRAULIC SPREADER
- _____ 1 HYDRAULIC CUTTER
- _____ 1 HYDRAULIC RAM
- _____ 1 POWER UNIT
- _____ 1 BACK-UP POWER UNIT

Note: eDRAULIC Tools may be used in substitution of other type power tools. If using the eDRAULIC Tools you must have the back-up 110 volt adaptor as your back-up power.

M. 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
- _____ 1 AIR WRENCH - W/HOSES, GAUGES, REGULATOR AND ACCESSORIES
- _____ 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 SOCKET SET, 1/2 IN. DRIVE, STANDARD (7/16 THRU 1") AND METRIC (9 THRU 22 MM)
- _____ 1 IMPACT SOCKET SET-1/2 IN. DRIVE, STANDARD (7/16 THRU 1") AND METRIC (9 THRU 22 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

N. MISCELLANEOUS

- _____ 1 SET OF INCIDENT COMMAND FORMS PER AHJ Download These at:
<http://www.fema.gov/emergency/nims/JobAids.shtm>
- _____ 1 DEPARTMENTAL SOG'S - ONSITE
- _____ 1 COUNTY MAP PER VEHICLE
- _____ 1 N.C. STATE MAP PER VEHICLE
- _____ 1 FIRE RETARDANT BLANKET
- _____ 3 TARPS, 10 FT. X 12 FT. - MINIMUM
- _____ 1 GLOBAL POSITIONING SYSTEM (GPS)
- _____ 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)

O. LADDERS

- _____ 1 LADDER, EXTENSION TYPE, 24 FT. LENGTH, NFPA FIRE SERVICE RATED
- _____ 1 LADDER, 12 FT. NFPA FIRE SERVICE RATED
- _____ 1 LADDER, ATTIC TYPE, 10 FT. LENGTH MINIMUM, NFPA FIRE SERVICE RATED

P. WATER RESCUE EQUIPMENT:

- _____ 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 WATER RESCUE HELMETS
- _____ 4 WATER RESCUE THROW BAGS (FLOATING ROPE), 3/8 IN. X 70 FT
- _____ 1 - 18 IN. TYPE IV THROWABLE DEVICE

Q. SCBA UNITS

- _____ 4 SELF CONTAINED BREATHING APPARATUS MINIMUM 30 MINUTE DURATION EACH WITH A MOTION ALARM
- _____ 4 SPARE AIR CYLINDERS (COMPATIBLE TO FIT ABOVE MENTIONED SCBA)

R. 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