

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

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**E-MAIL: [ncarems@ncarems.org](mailto:ncarems@ncarems.org)**

**STATEMENT OF ELIGIBILITY**

**WATER RESCUE – DIVE 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 **DIVE 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 **DIVE 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

## WATER RESCUE - DIVE RESCUE

WATER RESCUE - DIVE RESCUE IS DEFINED AS ADVANCED LEVELS OF WATER RESCUE AND BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER USING ADVANCED EQUIPMENT.

### 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 SPECIFIED BY THE AHJ AND IN ACCORDANCE WITH NFPA 1006, 2013 EDITION, TECHNICAL RESCUER DIVE PRIOR TO CERTIFICATION IN THIS SPECIALITY AREA.**

### 2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

### 3. VEHICLE:

VEHICLE(S) USED FOR WATER RESCUE - DIVE 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.

PLEASE PROVIDE A LIST OF YOUR DIVE RESCUE EQUIPMENT WITH THIS CERTIFICATION PACKET AS REQUIRED BY THE NC FIRE/RESCUE COMMISSION'S CERTIFICATION BOARD'S TECHNICAL RESCUER DIVE STANDARD. YOU WILL NEED TO CONTACT OSFM TO OBTAIN A COPY OF THAT STANDARD.

## Individual Diver Equipment

### Minimum of 6 Complete sets of Diver Equipment

- \_\_\_\_\_ 6 Mask, SCUBA
- \_\_\_\_\_ 6 Snorkels
- \_\_\_\_\_ 6 Full Face Mask
- \_\_\_\_\_ 6 Regulator Sets with 1st & 2nd stage regulators, Depth, pressure gauges
- \_\_\_\_\_ 6 Wetsuits Suitable for Training Environment
- \_\_\_\_\_ 6 Wetsuit Hoods
- \_\_\_\_\_ 6 Wetsuit Gloves
- \_\_\_\_\_ 6 Wetsuit Boots
- \_\_\_\_\_ 6 Drysuit, Tri-laminated with Head, Encapsulated Hand, and Foot Protection
- \_\_\_\_\_ 6 Insulating Garments Compatible with Drysuit systems
- \_\_\_\_\_ 6 Protective Sets of Foot Wear
- \_\_\_\_\_ 6 Protective Gloves Suitable for Equipment
- \_\_\_\_\_ 6 Sets of Dive Fins, Adequate for Environment
- \_\_\_\_\_ 6 Buoyancy Compensation Devices
- \_\_\_\_\_ 6 Buoyancy Weights
- \_\_\_\_\_ 6 Wire Cutting Tools
- \_\_\_\_\_ 6 Knives Suitable for Diving
- \_\_\_\_\_ 6 SCUBA Cylinders - Minimum of 80 Cubic ft. - 2 per diver
- \_\_\_\_\_ 6 Emergency Air Sources/Pony Bottle w\_30 Cubic ft. min/with Regulator (May be Separate or integrated)
- \_\_\_\_\_ 6 Primary SCUBA Rated Dive lights
- \_\_\_\_\_ 6 Secondary SCUBA Rated Dive lights
- \_\_\_\_\_ 6 Individual Emergency Distress Markers
- \_\_\_\_\_ 6 Diver Deployable Surface Marker Buoys
- \_\_\_\_\_ 6 Individual Dive Logs, Comprehensive
- \_\_\_\_\_ 1 Dive Tables (should be adequate for your Dive Team)

### Decon Equipment

- \_\_\_\_\_ 1 Pressurized Sprayer System for Simple Decon
- \_\_\_\_\_ 1 Containment Pool
- \_\_\_\_\_ 6 Splash Protective Suits
- \_\_\_\_\_ 2 Scrub Brushes with 4 ft. Handles
- \_\_\_\_\_ 1 Detergent Cleaning Substance
- \_\_\_\_\_ 6 Decon Face Protection (one per Decon person)
- \_\_\_\_\_ 6 Splash Protective Boots
- \_\_\_\_\_ 6 Sets Splash Protective Gloves
- \_\_\_\_\_ 1 Potable Water for Decon Provisions

### Team Equipment

- \_\_\_\_\_ Provide Access Plan and Documentation of Access to CGA Grade E Purification
- \_\_\_\_\_ 1 Surface Dive Marking Flag
- \_\_\_\_\_ 1 Vessel Dive Marking Flag
- \_\_\_\_\_ 1 Search Lines with distance markings
- \_\_\_\_\_ 1 Surface Marking Buoys
- \_\_\_\_\_ 1 Under Water Cadaver Bag
- \_\_\_\_\_ 1 Lift Bag 100 lbs. Minimum
- \_\_\_\_\_ 1 Boat Capable of Supporting Multiple Divers with Equipment
- \_\_\_\_\_ 1 Underwater Camera with Lighting Capability
- \_\_\_\_\_ 1 Diver Medical Emergency Plan