

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

CONFINED SPACE 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

Revised: 12/31/18

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 **CONFINED SPACE 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 **CONFINED SPACE RESCUE** IN THE ABOVE
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AND BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

CONFINED SPACE 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-CONFINED SPACE OR TECHNICAL RESCUER & TR-CONFINED SPACE.

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

ORGANIZATIONS OPERATING AT THE CONFINED SPACE RESCUE TECHNICIAN LEVEL OF SERVICE SHALL HAVE A MINIMUM OF EIGHT (8) QUALIFIED PERSONNEL WHICH MEET ALL THE REQUIREMENTS OF THE OPERATIONS LEVEL PLUS THE REQUIREMENTS FOR THE TECHNICIAN LEVELS OF SERVICE AS PRESCRIBED BY NFPA 1670 AND OPERATING IN COMPLIANCE WITH 29 CFR 1910.146 & 1910.147.

CONFINED SPACE RESCUE - N.C FIRE/RESCUE COMMISSION PROGRAMS OR OTHER RECOGNIZED COURSES OF INSTRUCTION MEETING NFPA 1670 TECHNICIAN LEVEL

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR CONFINED 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.

Confined Space Rescue Inspectors Initials _____

Revised: 12/31/18

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.

MINIMUM OF EIGHT (8) TEAM MEMBERS SHALL HAVE THE FOLLOWING:

___ KNIFE

CONFINED SPACE EQUIPMENT:

- ___ 18 8mm PRUSSIK SLINGS, LENGTHS MAY VARY PER THE AHJ (53" & 65" PRE-TIED ARE RECOMMENDED)
- ___ 4 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)
- ___ 1 INTRINSICALLY SAFE FLASHLIGHT WITH EXTRA BATTERIES
- ___ 8 INTRINSICALLY SAFE LIGHT SOURCES
- ___ 1 INTRINSICALLY SAFE COMMUNICATIONS SYSTEM
- ___ 1 INTRINSICALLY SAFE AIR MONITORING EQUIPMENT -(to include O2, LEL, and CO)
- ___ 1 EXPLOSION PROOF EXHAUST FANS WITH TRUNK HOSE
- ___ 2 STRAIGHT LADDERS - MINIMUM OF 12' (NFPA FIRE SERVICE RATE/OSHA APPROVED)
- ___ 1 AC HOTSTICK
- ___ 6 CLASS III HARNESSSES (MAY BE CONVERTED CLASS II WITH A CHEST HITCH)
- ___ 1 MILLER BOARD/SKED STRETCHER/LITTER/LSP HALFBACK (Device can be of team's choice)
- ___ 1 Pr. WRISTLETS (Manufactured or Pre-made)
- ___ 1 TRIPOD (minimum of 8 feet tall)
- ___ 1 HOISTING SYSTEM FOR TRIPOD MAY BE CONVENTIONAL OR MANUFACTURED
- ___ 1 FALL ARREST DEVICE FOR TRIPOD MAY BE CONVENTIONAL OR MANUFACTURED
- ___ 6 - 1 in. x 48 in., PICKETS - MAY BE ROLLED STEEL OR #8 REBAR EQUIVALENT - W/CAPS
- ___ 1 LOCKOUT TAGOUT KIT WITH MINIMUM OF 8 LOCKS
- ___ 2 FLUOROCARBON HORNS
- ___ 4 SPARE SCBA CYLINDERS
- ___ 2 DOUBLE SHEAVE PULLEYS, 1/2 IN. X 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS, MAY BE STEEL, ALUMINUM, ETC. PER THE AHJ
- ___ 2 SINGLE SHEAVE PULLEYS, 1/2 IN. X 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS
- ___ 2 - 1/2 IN. SINGLE SHEAVE PRUSSIK MINDING PULLEYS RATED FOR GENERAL USE OR 2 PERSON LOADS
- ___ 2 - 1/2 in. ASCENDERS
- ___ 1 KOOTENAY CARRIAGE (knot passing pulley)
- ___ 24 CARABINERS LOCKING GATE, 9000 LB MINIMUM OR 40KN (ALUMINUM MUST BE STAMPED)
- ___ 600 ft. x 1/2 in, LOW STRETCH KERNMANTLE ROPE, 9000 LB. TENSILE STRENGTH, MAY BE CUT TO DIFFERENT LENGTHS
- ___ 4 SUPPLIED AIR BREATHING APPARATUS WITH ESCAPE PACK, HOSES, MASKS & AIRLINES
- ___ 1 SAR Air Supply Unit w/minimum 2 hour supply
- ___ 6 APPROVED CS BLANK ENTRY PERMITS PER AHJ

Confined Space Rescue Inspectors Initials _____

Revised: 12/31/18