

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

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STATEMENT 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 ___

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 **HIGH ANGLE 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 **HIGH ANGLE RESCUE** IN THE ABOVE MENTIONED
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AND BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

HIGH ANGLE 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-ROPES OR TECHNICAL RESCUER

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. 8mm PRUSSIK SLINGS, LENGTHS MAY VARY PER THE AHJ (53" & 65" PRE-TIED ARE RECOMMENDED)
- ___ 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 - 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.
- ___ 8 - SINGLE SHEAVE PULLEYS, 1/2 IN. X 2 IN. MINIMUM DIAMETER & RATED FOR GENERAL USE OR 2 PERSON LOADS
- ___ 4 - 2 in PRUSSIK MINDING SINGLE PULLEYS & RATED FOR GENERAL USE OR 2 PERSON LOADS
- ___ 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, MUST BE A COMBINATION OF BRAKE BAR RACKS (STAMPED FOR GENERAL USE) AND FIGURE 8S. (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
Double Sheave Pulleys	4	2	2	0
Single Sheave Pulleys	12	10	8	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
10' X 12' Tarps	6	4	3	0