

**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**

**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: 01/01/24

**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  
MENTIONED CITY OR COUNTY.

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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

## 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.

### 4. MINIMUM REQUIRED EQUIPMENT:      DEPT. NAME \_\_\_\_\_

NCAR&EMS, INC.,  
REPRESENTATIVE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED:      \_\_\_\_\_ YES      \_\_\_\_\_ NO      INSPECTOR'S SIGNATURE: \_\_\_\_\_

Confined Space Rescue Inspectors Initials \_\_\_\_\_

Revised: 01/01/24

**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:

- \_\_\_ 600 ft. - GENERAL USE LIFE SAFETY ROPE AS SPECIFIED IN NFPA 2500. THIS MAY BE CUT TO DIFFERENT LENGTHS. (NOTE - AGENCIES WILL BE REQUIRED TO MAINTAIN MANUFACTURER'S DOCUMENTATION TO DEMONSTRATE COMPLIANCE WITH THE ABOVE REQUIREMENTS DURING AN INSPECTION, UNLESS YOU HAVE BEEN SUCCESSFULLY INSPECTED BY A PREVIOUS NCAREMS STANDARD AND RETAINED THAT EQUIPMENT). ACCORDINGLY, THE NFPA GENERAL USE LIFE SAFETY ROPES ARE TO BE 11 mm to 16 mm IN DIAMETER WITH A MBS OF 40 KN.
- \_\_\_ 24 - CARABINERS LOCKING GATE, MUST MEET NFPA 2500 GENERAL USE REQUIREMENTS (ALUMINUM MUST BE STAMPED). HARDWARE MUST BE SPECIFICALLY SIZED FOR THE SIZE OF ROPE BEING USED. THESE UPDATES ARE NOT REQUIRED IF YOU HAVE BEEN SUCCESSFULLY INSPECTED BY A PREVIOUS NCAREMS STANDARD AND RETAINED THAT EQUIPMENT.
- \_\_\_ 18 - 7mm - 9mm PRUSSIK SLINGS, LENGTHS MAY VARY PER THE AHJ'S NEEDS. ALL SOFTWARE MUST MEET NFPA 2500 GENERAL USE REQUIREMENTS, UNLESS YOU HAVE BEEN SUCCESSFULLY INSPECTED BY A PREVIOUS NCAREMS STANDARD AND HAVE RETAINED THAT EQUIPMENT. (Note: EYE TO EYE OR SOWN SLINGS MAY BE SUBSTITUTED FOR THE ABOVE BUT MUST MEET THE REQUIREMENTS OF NFPA 2500 GENERAL USE AND BE CORRECTLY SIZED FOR THE SIZE OF ROPE BEING USED)
- \_\_\_ 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)
- \_\_\_ 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

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Revised: 01/01/24