

**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](mailto:ncarems@ncarems.org)**

**STATEMENT OF ELIGIBILITY**

**TRENCH 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 **TRENCH 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 **TRENCH 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**

**TRENCH 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 OR TR-GENERAL & TR-TRENCH OR TECHNICAL RESCUER & TR TRENCH. Note if previously certified as ERT, RT-VMR & RT-ROPES you must also be certified as Trench Rescue Technician.**

ORGANIZATIONS OPERATING AT THE TRENCH RESCUE TECHNICIAN LEVEL OF SERVICE SHALL HAVE A MINIMUM OF EIGHT (8) QUALIFIED PERSONNEL WHICH MEET THE REQUIREMENTS OF NATIONALLY RECOGNIZED COURSES OF INSTRUCTION OR N.C. FIRE & RESCUE COMMISSION RECOGNIZED COURSES OF INSTRUCTION WHICH MEET NFPA 1006 TECHNICIAN LEVELS FOR TRENCH RESCUE AND SHALL OPERATE IN COMPLIANCE WITH 29 CFR 1926.650, 651 & 652.

**2. TYPE OF RESCUE TO PERFORM:**

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

**3. VEHICLE:**

VEHICLE(S) USED FOR TRENCH 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**

Organizations operating at the Trench Rescue Technician Levels of service shall meet the equipment requirements of Light Rescue plus the following equipment:

- \_\_\_ 25 Pneumatic Struts, Screw Jacks and/or Timbers (17"-120") \*(May substitute adequate amount and proper size of timbers for Pneumatic Struts. Please refer to the tabulated data charts for the exact information)\*
- \_\_\_ 4 Swivels 15-20 degrees
- \_\_\_ 8 Shoring Panels (Arctic Birch may be used as rated by the manufacturer and/or OSHA or if using plywood, it must be a minimum of 1 1/8 glued and screwed together)
- \_\_\_ 8 - 4' x 8' Ground Pads (minimum 3/4" plywood)
- \_\_\_ 12 - 2" x 12" x 12' uprights - Preferred Yellow Pine or Douglas Fir
- \_\_\_ 6 - 6" x 6" x 12' - Preferred Yellow Pine or Douglas Fir
- \_\_\_ 8 - 2" x 4" x 8' Stub Grade - Preferred Yellow Pine or Douglas Fir
- \_\_\_ 24 - 4" x 4" x 12' - Preferred Yellow Pine or Douglas Fir
- \_\_\_ 12 - 4" x 4" x 18" Wedges
- \_\_\_ 12 - 25 ft x 7/16" Ropes (Utility Rope)
- \_\_\_ 1 Air Supply Cart w/attachments (hoses, gauges & regulators)if using Pneumatic Struts
- \_\_\_ 2 Chain Saw with Spare Chain
- \_\_\_ 2 Pair Chainsaw Chaps
- \_\_\_ 1 1 multi-gas meter (to include O2, LEL, and CO)
- \_\_\_ 2 4KW Portable Generators
- \_\_\_ 4 Nail Aprons, Leather Type with Pouches
- \_\_\_ 6 Framing Hammers 22 oz.
- \_\_\_ 6 - 25 ft. Measuring Tapes
- \_\_\_ 2 OSHA Compliant Safety Fuel Cans
- \_\_\_ 2 - 10' x 12' Tarps
- \_\_\_ 2 - 12 ft. Minimum Fire Service Rated Ladders
- \_\_\_ 1 Electric Ventilation Fan (1,000 CFM minimum)
- \_\_\_ 1 - 20 ft Ventilation Duct Tube
- \_\_\_ 1 Water Pump - 60 GPM minimum (May Be Submersible)
- \_\_\_ 1 Trash Pump - 80 GPM minimum w/3" inlet
- \_\_\_ 2 Portable Saw Bucks
- \_\_\_ 1 - 10 1/4" Circular Saw with Blades
- \_\_\_ 6 Cans Marking Paint
- \_\_\_ 12 - 5 gal Buckets
- \_\_\_ 4 Folding Shovels (Military Type)
- \_\_\_ 2 Shovels, Long Handle
- \_\_\_ 2 Shovels, Short Handle
- \_\_\_ 4 Wrecking Bars
- \_\_\_ 1 - 50 lb. Box of Double Headed Nails, 16D
- \_\_\_ 3 - 10,000 lb. Rigging Straps, w/clevises
- \_\_\_ ADEQUATE SCENE LIGHTS TO ILLUMINATE THE SCENE PER THE AHJ. MAY BE PORTABLE, TRIPOD MOUNTED, LIGHT TOWER OR OTHER TYPE LIGHTS. FLASHLIGHTS WILL NOT BE INCLUDED IN THESE LIGHTS. (THESE LIGHTS MAY BE QUARTZ, FLOURESCENT, LED, ETC.)
- \_\_\_ 1 Tabulated Data Chart "C" Download These at:  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10933](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10933)