

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

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E-MAIL: 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
- Trench Rescue Inspectors Initials ____ 4

___ 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