

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

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STATEMENT OF ELIGIBILITY

STRUCTURAL COLLAPSE 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 **STRUCTURAL COLLAPSE 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 **STRUCTURAL COLLAPSE 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

Structural Collapse Rescue: Inspectors Initials _____

Revised: 12/31/18

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

STRUCTURAL COLLAPSE 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-STRUCTURAL COLLAPSE OR TECHNICAL RESCUER & TR-STRUCTURAL COLLAPSE.

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

Organizations operating at the Structural Collapse Rescue TECHNICIAN LEVEL of service shall meet all the requirements of the N.C. Fire & Rescue Commission Recognized Courses of Instruction which meet NFPA 1006 Technician Levels for Structural Collapse Rescue NFPA 1006 technician levels of service.

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR STRUCTURAL COLLAPSE 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: _____

NIMS TYPE: _____

I, II, III, and IV (See #5 on Page 5)

This standard currently meets Type IV

For organizations wishing to certify at a higher level see page 5

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE

STRUCTURAL COLLAPSE RESCUE

Organizations operating at the Structural Collapse Rescue Operations Level of service shall have the following equipment:

- ___ 8 - 4' x 8' Sheets of Plywood (minimum 3/4")
- ___ 12 - 2" x 12" x 12' upright
- ___ 6 - 6" x 6" x 12' Preferred Southern Yellow Pine or Douglas Fir
- ___ 12 - 2" x 4" x 12' Preferred Southern Yellow Pine or Douglas Fir
- ___ 24 - 4" x 4" x 12' Preferred Southern Yellow Pine or Douglas Fir
- ___ 12 - 4" x 4" x 18" Wedges
- ___ 50 Pre-Cut Gusset Plates, 12" x 12" x 3/4"
- ___ 12 - 25 ft x 7/16" Ropes (Utility Rope)
- ___ 2 Chain Saw with Spare Chains, Per Saw
- ___ 2 Pair Chainsaw Chaps
- ___ 1 Air Quality Monitor
- ___ 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 NFPA Fire Service Ladders
- ___ 1 Electric Ventilation Fan (1,000 CFM minimum)
- ___ 1 - 20 ft Ventilation Duct Tube
- ___ 1 Water Pump - 60 GPM minimum (May be a Submersible Pump)
- ___ 1 Trash Pump - 80 GPM minimum w/3" inlet
- ___ 2 Portable Saw Bucks
- ___ 1 - 10 1/4" Circular Saw with Spare Blades
- ___ 6 Cans Marking Paint
- ___ 8 Respirators - Filter Type - Must be approved by AHJ
- ___ 12 - 5 gal. Buckets
- ___ 4 Folding Shovels (Military Type)
- ___ 2 Shovels, Long Handle
- ___ 2 Shovels, Short Handle
- ___ 4 Wrecking Bars

Structural Collapse Rescue: Inspectors Initials _____

Revised: 12/31/18

- ___ 1 - 50 lb. Box of Double Headed Nails, 16D
- ___ 1 - 50 lb. Box of Coated Nails, 8D
- ___ 1 - 150 ft. total of 10-3 Electrical Cord
- ___ 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.)
- ___ 8 - 2" x 5' Schedule 80 Black Steel Pipe
- ___ 4 - 3/8" x 6' Grade 70 Steel Chain (Transport Grade) w/clevis hooks
- ___ 4 - 3/8" x 12' Grade 70 Steel Chain (Transport Grade) w/clevis hooks
- ___ 1 - 3/8" x 20' Grade 70 Steel Chain (Transport Grade) w/clevis hooks
- ___ 8 - 3/8" Grade, 70 Steel Chain Shortners (Transport Grade) w/clevis hooks
- ___ 1 High Pressure Airbag Kit 200 Ton Capacity w/accessories (hoses, gauges & regulators).
- ___ 2 Hydraulic Bottle Jacks 10 Ton
- ___ 2 Hydraulic Bottle Jacks 20 Ton
- ___ 1 Hydraulic Spreader
- ___ 1 Hydraulic Cutter
- ___ 1 Hydraulic Ram
- ___ 1 Power Unit
- ___ 1 Back-Up Power Unit

Note: eDRAULIC Tools may be used in substation of other type power tools. If using the eDRAULIC Tools you must have the back-up 110 volt adaptor.

HIGH ANGLE RESCUE EQUIPMENT FOR STRUCTURAL COLLAPSE

- ___ 8 Helmet Lights with extra batteries & bulbs
- ___ 4 Class III Harnesses
- ___ 8 Flashlights
- ___ 1 Miller Board/SKED Stretcher/Liter/LSP Halfback (Device can be of team's choice)
- ___ 24 Carabiners - Locking Gate, 9000 Lb. Minimum or 40KN (Aluminum Must Be Stamped)

Note: If An Organization Is Currently Medium They Will Need An Additional 12 Carabiners
And If An Organization Is Heavy They Will Need No Additional Carabineers

5. NIMS TYPING INFORMATION:

This standard currently meets NIMS Typing Criteria IV. Organizations wishing to certify at a higher level must meet the additional requirements for personnel, training and equipment. To locate this information cut and paste the following link into your web browser.

<https://rtlt.preptoolkit.fema.gov/Public/Resource/ViewFile/8-508-1159?type=Pdf&q=COLLAPSE>