

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

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STATEMENT OF ELIGIBILITY

WATER RESCUE - SWIFTWATER 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 **SWIFTWATER 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 **SWIFTWATER RESCUE** IN THE ABOVE MENTIONED CITY
OR COUNTY.

DEPARTMENT OFFICIAL PRINT NAME _____ SIGNED

TITLE

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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
WATER RESCUE - SWIFTWATER 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-SWIFTWATER, TR-GENERAL & TR-ROPES OR TECHNICAL RESCUER & TR-SWIFTWATER.

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

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR SWIFTWATER 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 4)

This standard currently meets Type IV

For organizations wishing to certify at a higher level see page 4

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY

Water Rescue Swiftwater: Inspectors Initials _____

Revised: 12/31/18

REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE

ORGANIZATIONS OPERATING AT THE SWIFTWATER RESCUE TECHNICIAN LEVELS OF SERVICE SHALL MEET THE EQUIPMENT REQUIREMENTS OF LIGHT RESCUE PLUS THE FOLLOWING EQUIPMENT:

SWIFTWATER RESCUE EQUIPMENT REQUIREMENTS

1. Adequate water rescue rope (polypropylene rope that floats) for the Authority Having Jurisdiction
2. Watercraft suitable for the authority having jurisdiction.
3. Adequate water rescue recovery equipment for the authority having jurisdiction.

Personal protective equipment to include the following:

- ___ 8 pr. Gloves (Aquatic Type)
- ___ 8 Full body thermal protection recommended (May Be Wet or Dry Suits)
- ___ 8 Swiftwater Rescue Vest PFD, Type V, U.S. Coast Guard approved
- ___ 8 pr. Appropriate Water Shoes
- ___ 8 Whistles
- ___ 8 Water rescue knives
- ___ 8 Chemical Light Sticks
- ___ 3 Aerial Flares
- ___ 3 Dye Markers
- ___ 3 Dry Gear Bags
- ___ 3 Flashlights (w/Spare Batteries)
- ___ 3 Handheld Flares (Marine Type)
- ___ 3 Smoke Marking Devices
- ___ 6 Water Rescue Throw Bags (FLOATING ROPE), 3/8 IN. X 70 FT
- ___ 300 ft Water Rescue Rope, 7/16 in Diameter, 5000 lb., W/bag
- ___ 16 Aluminum carabiners - (non locking)
- ___ 16 5mm x 4-ft. low stretch Prussik Cord (2 per vest)
- ___ 1 - 18 in Type IV Throwable Device
- ___ 1 Hose Inflator Kit (may be commercial or homemade)
- ___ 100 ft. 1 1/2 Fire Hose

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/8-508-1020?type=Pdf&q=swiftwater>

Per the NIMS "Swiftwater/Flood Search and Rescue Team" document, in order to locate the various quantities of each equipment item, please reference the FIRESCOPE Swiftwater/Flood Search and Rescue definition at:

<http://www.firescope.org/ics-usar/ICS-SF-SAR-020-1.pdf>