

Fire Fighter I Local Verification & Mask Fit Form

NFPA 1001 – 2013

Candidate's Name: _____ Date of Birth: _____

Local Verification Requirements

1. **29 CFR 1910.134, Mask Fit Documentation:** The candidate has been successfully fitted to his or her Self-Contained Breathing Apparatus (SCBA) Mask in compliance with 29 CFR 1910.134 within the last twelve (12) calendar months.
2. **NFPA 1001 – 2013, Chapter 4, Entrance Requirements:**
 - a. **Subsection 4.1 – General:** The candidate has successfully met the thirteen (13) requirements set forth in NFPA 1582, *Standard on Comprehensive Occupational Medical Program for Fire Departments*, 2013 edition, Chapter 5, Subsection 5.1.1, as determined by the medical authority of the AHJ.
 - b. **Subsection 4.3 – Emergency Medical Care:** The candidate has successfully completed the emergency medical care performance capabilities in compliance with the objectives in NFPA 1001 – 2013, including CPR, infection control, bleeding control, and shock management.
 - c. These requirements are developed and have been validated at the local level per departmental protocol. Documentation of the requirements contained below are subject to verification by KFRTI in written form and/or a hard copy of the document(s).
3. **NFPA 1001 – 2013, JPR 5.1.1, Locate Information in Departmental SOPs:** The candidate has successfully demonstrated the ability to successfully locate information in departmental SOPs/SOGs and standard or code materials.
4. **NFPA 1001 – 2013, JPR 5.5.1, Complete Recording & Reporting Procedures:** The candidate has successfully demonstrated the ability to successfully complete departmental equipment maintenance records and comply with departmental maintenance reporting procedures.

This section is to be completed by Fire Chief, Training Chief, or Program Director ONLY

I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed in paragraphs 1 through 4 above. All requirements have been successfully conducted and completed per local department protocol and policies. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department.

Typed or Legibly Printed Name of Fire Chief, Training Chief, or Program Director

Signature of Fire Chief, Training Chief, or Program Director

Date: _____ Department / Organization: _____

Department / Organization Phone Number: (_____) _____ - _____