

Technical Rescuer “Chapter 4” Local Verification

NFPA 1006 – 2013

Candidate’s Name: _____ Date of Birth: _____

Candidate’s KBEMS Provider Number: _____ Expiration Date: _____

Candidate’s Fire Department: _____

Local Verification Requirements

1. **NFPA 1006 – 2013, Chapter 4.1. General Requirements:** Local safety policies and procedures require technical rescuers follow regional and national safety standards, and these policies require technical rescuers to complete all activities in the safest manner possible.

2. **NFPA 1006 – 2013, Chapter 4.2. Entrance Requirements:**
 - a. The candidate is at least 18 years of age and meets local age requirements.
 - b. The candidate meets the minimum local medical requirements.
 - c. The candidate meets the minimum local physical fitness standard requirements.
 - d. The candidate is a currently registered Kansas Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic.
 - e. The candidate meets the minimum local educational requirements.
 - f. The candidate is trained to recognize hazardous materials and implement exposure and control methods.

3. **NFPA 1006 – 2013, Chapter 4.3. Minimum Requirements:** It is understood that qualification is specific to a specialty area. For qualification, a rescuer shall perform all of the job performance requirements in Chapter 5 and all job performance requirements listed in at least one level of a specialty area (Chapters 6 through 19). Technical rescuers will be identified by their specialty area and level of qualification (i.e., Rope Rescuer – Level I, Confined Space Rescuer—Level II, etc.).

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 3 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: (_____) _____ - _____