KANSAS FIRE & RESCUE TRAINING INSTITUTE
The University of Kansas

Fire Fighter I
Local Verification & Mask Fit Form
NFPA 1010 – 2024

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 1010 – 2024, JPR 6.1.1, Locate Information in Departmental SOPs:** The candidate has successfully demonstrated the ability to successfully locate information in departmental SOPs/SOGs, understands the fire and life safety initiatives, can recognize the signs and symptoms of behavioral and emotional distress and access the employee assistance program(if applicable), and understands the importance of health and physical fitnes

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This section is to be completed and signed 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 items 1-3 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: (_____)_____- _____

Mail Completed Form To: Kansas Fire & Rescue Training Institute, KU Continuing Education, 1515 St Andrews Drive, Lawrence, KS 66047