

HazMat - Operations Local Verification & Mask Fit Form

NFPA 470 – 2022

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 470 – 2022, Mission-Specific Competencies – Personal Protective Equipment: 9.4.1 Demonstrate local procedures for responders undergoing the technical decontamination process.

The candidate has successfully demonstrated the ability to perform technical decontamination of personnel and equipment in accordance with department policies and procedures using department facilities and other ancillary equipment.

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 2 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: (_____) _____ - _____