Rope Rescue Awareness & Operations

Local Verification

NFPA 1006 – 2021

Candidate’s Name: ______________________________________ Date of Birth: _____________
Candidate’s Fire Department: ______________________________________________________

Local Verification Requirements

1. NFPA 1006 – 2021, Chapter 5.1 Rope Rescue Awareness
   a. 5.1.2 – Candidate recognizes local AHJ resource availability and capabilities.
   b. 5.1.4 – Candidate understands and can use local AHJ planning forms for rope rescue incidents common to local jurisdiction.
   c. 5.1.4 – Candidate can identify and evaluate various types of hazards with in the local jurisdiction.
   d. 5.1.4 and 5.1.5 – Candidate understands and can operate under local AHJ technical rope rescue operational protocols

2. NFPA 1006 – 2021, Chapter 5.2 Rope Rescue Operations
   a. 5.2.2 – Candidate understands and can use the AHJ’s record keeping systems
   b. 5.2.3 - Candidate understands and can operate under local AHJ technical rope rescue operational protocols
   b. 5.2.20 – candidate meets the minimum local emergency care requirements for victim assessment, treatment, immobilization, and transfer of care requirements.

This section is to be completed by Fire Department Chief or Training Chief ONLY

I have reviewed the candidate’s file and affirm that the candidate and policies 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. All information listed above can be validated by a copy of the documents maintained by the department.

____________________________________________                 ____________________________________________
Typed or Printed Name of Fire Department Chief or Training Chief                                                                       Title

____________________________________________                 ____________________________________________
Date                                                                                                                  Signature

________________________________________________________________________________________________________________________

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