



**NORTH DAKOTA APPLICATION FOR
HEAVY RESCUE SERVICE CERTIFICATION
NORTH DAKOTA FIREFIGHTER'S ASSOCIATION**

CERTIFICATION PERIOD:

Certification shall expire midnight on June 30 of the last year of issuance. Certification renewal shall be on a biennial basis

CERTIFICATION APPLICATION:

Application for certification shall be made on application forms available from the North Dakota Firefighter's Association. (NDFFA)

AVAILABILITY OF RESCUE SERVICE:

The rescue Service must be available for call seven days a week, 24 hours a day, and shall respond to all emergencies when called. The Rescue Service must demonstrate the existence of an established dispatch system, which is compatible to the area served.

TRAINING STANDARDS FOR THE HEAVY RESCUE SERVICE:

Five (5) rescue service personnel must be currently certified to the level of Emergency Medical Responder (40 hour) or equivalent. Five (5) rescue service personnel must currently hold the North Dakota Automobile Extrication (12 hour) Certification. A minimum of one (1) person with medical training and two (2) personnel trained in Automobile Extrication must respond to all calls. **Medical and extrication personnel should conduct ongoing cross-training so both roles can be shared in times where there is limited availability of either resource.**

OTHER REQUIREMENTS:

1. The name, address, level of certification, and telephone numbers of the rescue service squad leader must be kept on file with NDFFA. In addition to other appropriate duties, the squad leader shall:

- a. Coordinate efforts with other local rescue services.
- b. Inspect and maintain equipment.
- c. Establish and maintain a personnel roster.
- d. Maintain attendance records for the replacement of inactive members.
- e. Establish a recruiting and retention program.
- f. Provide general record-keeping for the rescue service.
- g. Be responsible for making sure each member is outfitted with NFPA approved personal protective equipment to include:
 - fire or rescue helmet,
 - eyewear (safety glasses or goggles),
 - bunker gear or extrication coveralls,
 - hand protection (extrication or fire gloves),
 - foot protection with steel toes,
 - hearing protection
 - Respiratory protection.

2. The rescue service shall utilize a standardized run reporting system. (Examples available through NDFFA)

3. The NDFFA may periodically inspect the equipment and vehicle utilized by the rescue service.

Complete the attached checklists For the Heavy Rescue Service minimum equipment.

Complete the attached Heavy Rescue Service officer and personnel rosters.



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Application
Name & location of Rescue Service: Name of unit: _____ City, State, Zip: _____
Will the Rescue Service utilize a standardized run reporting system? Circle One: Yes NO
Will the Rescue Service be available for calls seven days per week, 24 hours per day, and will the Rescue Service respond to all emergencies when called? Circle One: Yes NO
Describe the Rescue Service's dispatch system: _____ _____
Describe the storage that will be utilized for the Rescue Service equipment: _____
Complete the attached checklist For the Heavy Rescue Service minimum equipment.
Complete the attached Heavy Rescue Service personnel roster

I hereby attest the Heavy Rescue Service is minimally equipped as indicated on the equipment checklist provided, and attest to the certifications and expirations listed on the squad roster as completed in this application.

SIGNATURE _____ TITLE _____

DATE _____

NDFA OFFICE USE ONLY
Certification #
Date Issued:



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HEAVY RESCUE SERVICE RESCUE EQUIPMENT (Minimum Requirements)	
	<p>RESCUE QUALITY AIR GUN SYSTEM TO INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> • 1 – air gun with spare quick-connect couplings for hose to gun • 1 – Set of air hoses • 1 – T-bar chisel • 1 – Long flat chisel • 1 – Short flat chisel • 1 – Pressure regulator • 3 – 30 minute or greater compressed air bottles that are currently tested,
	FLATHEAD AX
	4 X 8 FIRE RETARDANT RESCUE BLANKETS – 2 EACH. (FOR PATIENT PROTECTION)
	BLANKETS FOR PATIENT WARMTH
	LONG AND SHORT HARD PROTECTION (long and short boards)
	<p>FULL COMPLIMENT OF HEAVY HYDRAULIC TOOLS INCLUDING AT A MINIMUM:</p> <ul style="list-style-type: none"> • 27 inch spreader • 4 inch capacity cutting tool • Midsized ram designed for heavy hydraulic use
	HEAVY DUTY SAWZALL WITH A COMPLIMENT OF RESCUE BLADES
	FORCIBLE ENTRY BAR (i.e. Haligan Bar)
	36 INCH BOLT CUTTER
	HEAVY DUTY BATTERY CABLE CUTTERS
	RESCUE STYLE COME-ALONG – 2 EACH (3,000 LB w/breakaway handle)
	ALLOY STEEL CHAINS, DESIGNED FOR USE WITH COME-ALONG (call rescue company for sizes)
	6 LB SLEDGE HAMMER
	CRIBBING (minimum): 8 - 2 X 4 X 18 INCH, 16 - 4 X 4 X 18 INCH, 4 – STEP CHOCKS, 8 – 4 X 4 WEDGES
	4 – QUALITY HACKSAWS WITH SPARE BLADES
	<p>VEHICLE STABILIZATION STRUTS (or equivalent equipment). Specify Type</p>
	SPRING LOADED CENTER PUNCH (2 each minimum)
	SOCKET WRENCH SET AND ASSORTED HAND TOOLS



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VEHICLE EQUIPMENT (Minimum Requirements)	
	20 LB ABC DRY CHEMICAL EXTINGUISHER, OR PUMPER WITH FOAM CAPABILITIES
	6 HIGH OUTPUT BATTERY POWERED LIGHTS
	D-HANDLED SPADES - 2
	200 FEET OF HIGH STRENGTH ROPE
	1 SET OF DOT APPROVED TRAFFIC CONTROL EQUIPMENT/DEVICES (i.e. flares, cones, lights, etc.)
	DOT EMERGENCY RESPONSE GUIDE
HEAVY RESCUE SERVICE MEDICAL EQUIPMENT (Minimum Requirements)	
	GLOVES –MEDICAL/NON LATEX- SIZE SMALL, MEDIUM, AND LARGE
	POCKET MASK WITH ONE-WAY VALVE
	EYE PROTECTION (safety glasses or goggles)
	SAM SPLINTS (or equivalent) – 1 set long, 2 sets short
	OROPHYRANGEAL AIRWAYS – 1 BOX ASSORTED SIZES
	CERVICAL COLLARS (infant, pediatric, and adult sizes)
	PORTABLE OXYGEN UNIT WITH VARIABLE CONSTANT FLOW CAPABILITY, 2 D-SIZED CYLINDERS (ONE AS SPARE), NON-REBREATHER MASKS AND NASUL CANNULAS
	BAG/VALVE/MASK – ADULT,CHILD, INFANT SIZES
	2 LONG BOARDS WITH 3 STRAPS EACH
	STETHESCOPE AND BP CUFF
	ONE BLUNT BANDAGE SHEARS
	TWO STERILE BURN SHEETS (or equivalent, as per your Medical Control)
	SOFT ROLLER SELF-ADHERING STERILE BANDAGES (i.e. Kerlix) – 1 dozen
	BANDAIDS – 1 box of 100
	MEDICAL TAPE – 3 rolls
	STERILE GUAZE PADS – 24 each
	MULTI-TRAUMA DRESSINGS , 30"x10" (i.e. abdominal pads) - 2 each
	EQUIPMENT BAG (or case)



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LIST OF OFFICERS FOR

(Name of Heavy Rescue Service)

PLEASE PRINT and complete the following information:

SQUAD LEADER

Name:
Address:
Home Phone #:
Work Phone #:
Email Address:

TRAINING OFFICER

Name:
Address:
Home Phone #:
Work Phone #:

PHYSICIAN MEDICAL DIRECTOR

Name:
Address:
Home Phone #:
Work Phone #:

CONTACT PERSON Please name the individual and the mailing address you wish this office to use when making official mailings to your Heavy rescue service.

Name:
Title:
Mailing Address:
Physical Address:
Home Phone #:
Work Phone #:
Cell Phone #:
Email Address:

