



**NORTH DAKOTA APPLICATION FOR
LIGHT 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. (NDFA)

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 LIGHT RESCUE SERVICE:

Five (5) rescue service personnel must be currently certified in CPR to the Heart Saver Certification or its equivalent, a standard 8 hour first aid course and 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 NDFA. 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 NDFA)

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

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

Complete the attached Light 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: _____

I hereby attest the Light 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 _____

NDAF OFFICE USE ONLY
Certification #
Date Issued:



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LIGHT RESCUE SERVICE RESCUE EQUIPMENT (Minimum Requirements)	
	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)
	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, 8 - 4 X 4 X 18 INCH, 4 – STEP CHOCKS, 4 – 4 X 4 WEDGES (24 INCH Recommended)
	4 – QUALITY HACKSAWS WITH SPARE BLADES
	VEHICLE STABILIZATION STRUTS (or equivalent equipment). Specify Type _____
	SPRING LOADED CENTER PUNCH (2 each minimum)
	SOCKET WRĒNCH SET AND ASSORTED SCREW DRIVERS
VEHICLE EQUIPMENT (Minimum Requirements)	
	20 LB ABC DRŶ CHEMICAL EXTINGUISHER, OR PUMPER WITH FOAM CAPABILITIES
	4 HIGH OUTPUT BATTERY POWERED LIGHTS
	D-HANDLED SPADES - 2
	100 FEET OF HIGH STRENGTH ROPE
	DOT EMERGENCY RESPONSE GUIDE



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LIGHT 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
	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 Light 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 #:

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

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

