

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.

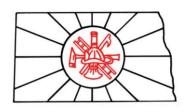
Complete the attached checklists For the Light Rescue Service minimum equipment.

Complete the attached Light Rescue Service officer and personnel rosters.



Application		
Name & location of Rescue Service:		
Name of unit:		
City, State, Zip:		
Will the Rescue Service utilize a standardized run reporting system?	Sele	ect One:
	Yes	NO
Will the Rescue Service be available for calls seven days per week, will the Rescue Service respond to all emergencies when called?		urs per day, and
	Yes	NO
Describe the Rescue Service's dispatch system:		
Describe the storage that will be utilized for the Rescue Service equ	ipmen	t:
hereby attest the Light Rescue Service is minimally equipped as indicated on the and attest to the certifications and expirations listed on the squad roster as completed		
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SIGNATURETITLE		
DATE		

NDFA OFFICE USE ONLY
Certification #
Date Issued:



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 WRENCH SET AND ASSORTED SCREW DRIVERS				
VEHICLE EQUIPMENT (Minimum Requirements)				
20 LB ABC DRY 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				

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)	



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:



TRAINING CERTIFICATION / STAFF ROSTER

For
(Name of Light Rescue Service)

PLEASE PRINT NEATLY

NAME OF SQUAD MEMBER	CPR EXPIRES (mo/yr)	FR/EMT/ECT EXPIRES (mo/yr)	AUTO EXTRICATION EXPIRES (mo/yr)