# Certification Application

Hazardous Materials operations

Recommended study materials Hazardous Materials written exam:

* Jones and Bartlett, Hazardous Materials Awareness and Operations, 3rd ed.

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| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **MIDDLE INITIAL** |
| **AKA’S** | **DATE OF BIRTH** | **EMAIL** |
| **SSN** | **BEST CONTACT PHONE NUMBER** | **WORK PHONE** |
| **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** | **COUNTY** |
| **FIRE DEPARTMENT AFFILIATION** |
| **FIRE DEPARTMENT MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** |
| ***WRITTEN* TEST DATE REQUESTED** |  | **LOCATION** | **INITIAL TEST**[ ]  | **RETEST**[ ]  |
| ***SKILLS* TEST DATE REQUESTED** |  | **LOCATION** | **INITIAL TEST**[ ]  | **RETEST**[ ]  |
| **I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Hazardous Materials Operations, NFPA 1072, to the CURRENT edition and standard for Responders to Hazardous Materials/Weapons of Mass Destruction Incidents Operations level. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform firefighter duties.**  |
| **CHIEF OFFICER *OR* TRAINING OFICER NAME (PLEASE PRINT)** |  |  |  |  |
|  |  |  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** |  | **DATE** |  |  |
|  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICER PHONE NUMBER:** |  |  |  |
|  |  |  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICERS EMAIL:**  |  |  |  |  |
| [ ]  Check the box if you need testing accommodations and download and [fill out a testing accommodation form](https://cte.idaho.gov/wp-content/uploads/2021/07/TestingAccommodationForm_070621.pdf). All requests for accommodations are confidential and will not be made available to anyone outside of FST. |  |
| **The information contained in this application is correct to the best of my knowledge. I understand and agree that any false statements or omissions of material facts will cause denial or forfeiture of my certification. I grant Fire Service Training (FST) or its authorized representatives’ permission to review my department files, college/academic records, and other related training documentation. By signing this document, I acknowledge the release of my exam results and certifications to my affiliated departments Chief Officer and/or Training Officer.** |
| **APPLICANT’S SIGNATURE** |  | **DATE** |  |  |
| **Email completed form to** ***fst@cte.idaho.gov*** **OR Fax to 208-429-5559** |

Hazardous Materials operations

LOCAL VERIFICATION - OBJECTIVES

# NFPA 1072, 2017edition

|  |  |
| --- | --- |
|  **APPLICANT’S NAME** | **SSN** |
| Affirmation**I have reviewed the applicant’s file and certify that the applicant identified above has completed the objectives listed below. Local department records can document all information requested.**  |
|  |  |  |  |  |
| **FIRE DEPARTMENT** |  |  |  |  |
|  |  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICER (PLEASE PRINT)** |  |  |  |  |
|  |  |  |  |  |
| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** |  | **DATE** |  |  |
|  |  |  |  |  |  |
| **APPLICANT’S SIGNATURE** |  | **DATE** |  |  |
|  |

Applicant has successfully demonstrated to the AHJ the knowledge and skill competencies as defined in NFPA 1072. Local AHJ verification of NFPA 1072 objectives:

* **Objective 6.4.1:** Technical Decontamination (Skill Sheet 4)
* **Objective 6.3.1:** Mass Decontamination – Ambulatory (Skill Sheet 5)
* **Objective 6.3.1:** Mass Decontamination – Non-Ambulatory (Skill Sheet 6)
* **Objective 6.2.1:** Donning a Level B Protective Ensemble (Skill Sheet 7)
* **Objective 6.2.1:** Doffing a Level B Protective Ensemble (Skill Sheet 8)

AHJ must have training record paperwork on file at the candidate's affiliated department for each of the above-mentioned requirements. The documentation of requirements is subject to verification by Fire Service Training.

Skill sheets are available on the FST website [Testing | Idaho Division of Career Technical Education](https://cte.idaho.gov/programs-2/fire-service-training-2/testing/)

**Email completed form to** ***fst@cte.idaho.gov*** **OR Fax to 208-429-5559**

hazardous materials operations

skills test flow chart

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

SIGNED LOCAL VERIFICATION FORM ON FILE WITH FST

**sKILL SHEET 4:** technical decontamination

**SKILL SHEET 5:** mass decontamination - ambulatory

**SKILL SHEET 6:** mass decontamination – NON-AMBULATORY

**SKILL SHEET 7:** donning a level b protective ensemble

**SKILL SHEET 8:** doffing a level b protective ensemble

MANIPULATED SKILLS TEST PASSED WITH 100% COMPENTENCY OF CRITICAL FAIL POINTS IDENTIFIED ON THE SKILL SHEET AT AN IDAHO DESIGNATED IFSAC TESTING SITE

**sKILL SHEET 1:** Determine Incident Status

**Skill Sheet 2**: Identify containers and materials

**Skill sheet 3**: Emergency decontamination

**skill sheet 9**: perform defensive actions

**skill sheet 10**: vapor dispersion

**skill sheet 11:** vapor suppression

two skills will be chosen at random by fst

fst will provide the testing site with an erg to use in testing

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

A copy of all skill sheets can be found on the FST website. [Testing | Idaho Division of Career Technical Education](https://cte.idaho.gov/programs-2/fire-service-training-2/testing/)

 **Pre-Requisites Flow Chart**

HAZMAT AWARENESS

FIRE INSTRUCTOR 1

FIREFIGHTER 2

DRIVER OPERATOR GENERAL

**FIRE OFFICER 1**

**DRIVER OPERATOR PUMPER**

FIREFIGHTER 1

**HAZMAT OPERATIONS**