

FIRE BRIGADE - INCIPIENT INDUSTRIAL FIRE
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1081 (2012 Edition) Chapter 5



SECTION I

Last Name	First Name	M.I.	Suffix	SSN# (last 4 digits required)
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Mailing Address	City	State	Zip Code	County
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Date of Birth	Primary Phone	Alternate Phone	Email Address
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Affiliation (Fire Dept./Organization)	City/State	County
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Please Read and Check One:

- I read (or had explained to me) and understand the job performance requirements for the Industrial Fire Brigade Incipient certification test. I have no conditions which preclude me from safely or effectively performing all functions and tasks (practical skills and written test) for the level which I am seeking national certification.
- I read (or had explained to me) and understand the job performance requirements for the Industrial Fire Brigade Incipient certification test. I will submit a request for accommodation for the written national certification test. I understand I **MUST** contact the Certification Program Manager no later than twenty days prior to the scheduled certification exam.

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Pennsylvania Crimes Code *18 Pa C.S. 4904* and Act 168 of 2006 amended Title 18 [Crimes and Offenses] of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1). The Office of the State Fire Commissioner/ Pennsylvania State Fire Academy collects these numbers only for tracking, processing of certifications, and verification purposes; information is only shared where required to do so for and is not sold, bartered, rented or otherwise distributed.

By signing and dating of this document I certify that the information contained in this application and any attachments is accurate and complete to the best of my knowledge and submitted as true and correct in accordance with the OSFC/PSFA certification testing policy and in accordance with Pennsylvania Crimes Code *18 Pa C.S. 4904*, relating to unsworn falsifications to authorities.

Signature of Candidate

Date

Test Site Official Use Only: Test Site: _____	Test Site Number: _____
Date Application Received at Test Site _____	Date Application Approved: _____
Candidate Number: _____ Written Exam Results ___ PASS ___ FAIL Skills Exam Results ___ PASS ___ FAIL	

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SECTION II

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa. C. S. 3301 or any similar offense under any Federal or State law.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

Signature of Certification Candidate

Name of Certification Candidate (please type)

Date

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SECTION III - Please read and complete all information:

A candidate should meet the requirements of NFPA 1582, *Standard on Medical Requirements for Firefighters and information for Fire Department Physicians* prior to physical testing to ensure his/her ability to safely perform the required tasks.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation? YES___ NO___ Please sign the waiver below.

Liability Waiver

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

(Name of Test Site)

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or because of the activities engaged in by the undersigned during the Voluntary Certification test including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

By signing and dating of this document **I HEREBY ACKNOWLEDGE** that **I HAVE READ THE CONTENTS** of this waiver. **I FULLY UNDERSTAND THE SAID CONTENTS** of the release, and **I SIGNED INTENDING TO BE LEGALLY BOUND.**

Candidate Name (please type)

Signature of Candidate

Date

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SECTION IV

It is understood that the candidate registered on this form has done so with the full knowledge, consent and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meets the requirements as noted in **Section III** of this application. Participation approved by:

Chief Officer Name (please type)	Daytime Phone	Email
Signature of Chief Officer	Title	Date

SECTION V

REQUIREMENT: NFPA 1081 (2012 edition) JPRs 4.3.11, 5.1.2

Successful completion of an approved INCIDENT COMMAND COURSE: Please check one and attached a copy of your certificate.

- National Fire Academy Incident Command System Course
- NIMS ICS for Fire Service
- NIMS ICS for EMS
- NFA IS-100 **AND** IS 200

REQUIREMENT: NFPA 1081 (2012 edition), JPR 5.1.1

A candidate **MUST** be trained or certified (as a minimum) at the Hazardous Materials Awareness Level in accordance with 472 *Standard for Professional Competence of Responders to Hazardous Materials Incidents*, Chapter 4 **OR** NFPA 1072 *Standards for Hazardous Material /Weapons of Mass Destruction Emergency Response Personal Professional Qualifications*, Chapter 4.

Attach a copy of your course completion certificate (Jones & Bartlett curriculum):

- Hazardous Materials Awareness Level, **OR**
- Hazardous Materials Awareness Level Annual Refresher, **OR**
- Hazardous Materials Operations Level, **OR**
- Hazardous Materials Operations Level Annual Refresher

Training or Certification must be within one (1) year of the date of this application. If certification is greater than one (1) year you must show proof of completion of a current refresher training course.

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REQUIREMENT: NFPA 1081 (2012 Edition), Chapter 4, JPR 4.2 EMERGENCY MEDICAL CARE

The following is a list of approved courses that meet the requirements of Chapter 4, Section 4.2. Each candidate **MUST** show, at minimum, an approved CPR **AND** an approved emergency medical training course card/certificate.

Please assure the following:

- Check the EMS certification / medical training **AND** CPR training you possess;
- Indicate issue and expiration date (i.e., Exp. Date) in the boxes provided;
- **Attach a copy of your course certificate(s) or both side(s) of your SIGNED (if applicable) course cards.**

APPROVED EMS CERTIFICATIONS/MEDICAL TRAINING COURSES				
	AHA – Heartsaver First Aid	Issued:		Exp. Date
	ARC – Emergency Medical Response	Issued:		Exp. Date
	ASHI – Emergency Medical Response	Issued:		Exp. Date
	National Ski Patrol – Outdoor Emergency Care	Issued:		Exp. Date
	NSC –Basic Life Support: Healthcare & Professional Rescuers	Issued:		Exp. Date
	NSC – First Aid Taking Action – Advanced Training	Issued:		Exp. Date
	AAOS – Emergency Care & Safety Institute Emergency Medical Responder	Issued:		Exp. Date
	PA DOH – Emergency Medical Responder	Issued:		Exp. Date
	PA DOH – EMT OR Advanced EMT	Issued:		Exp. Date
	PA DOH – EMT Paramedic	Issued:		Exp. Date
	PA DOH – Healthcare Professional	Issued:		Exp. Date

APPROVED CPR COURSES				
	AHA – Heartsaver CPR (Adult/Child/Infant)	Issued:		Exp. Date
	AHA – BLS Provider OR BLS for Healthcare Provider	Issued:		Exp. Date
	ARC – Basic Life Support for Healthcare Providers	Issued:		Exp. Date
	ARC – CPR/AED for Healthcare Providers	Issued:		Exp. Date
	ARC – CPR/AED for Professional Rescuers	Issued:		Exp. Date
	ARC – CPR/AED for Professional Rescuers and Healthcare Providers	Issued:		Exp. Date
	ASHI – Basic Life Support BLS for Healthcare Providers and Professional Rescuers	Issued:		Exp. Date
	NSC – Basic Life Support Healthcare & Professional Rescuer	Issued:		Exp. Date
	AAOS – Emergency Care & Safety Institute Health-Care Provider CPR (Professional)	Issued:		Exp. Date
	EMS Safety Services, Inc. – BLS for Healthcare Providers	Issued:		Exp. Date
	Pro Trainings, LLC – Pro CPR Healthcare Provider CPR	Issued:		Exp. Date
	Geisinger CPR Program	Issued:		Exp. Date
	Military Training Network Resuscitative Medicine & Training Program BLS for Healthcare Providers	Issued:		Exp. Date

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REQUIREMENT: NFPA 1081 (2012 Edition) JPRs 5.3.5, 5.1.2.5 Fire Safety Survey & Reporting

Using the survey form provided within this application, conduct a fire safety survey in a facility so that fire and life safety hazards are identified; recommendations for correction are made and unresolved issues are referred to the proper authority. **NOTE:** Please complete and submit the pre-incident plan form.

REQUIREMENT: NFPA 1081 (2012 Edition) JPR's 4.3.4, 5.1.1, 5.1.2.5, 5.3

I hereby attest that _____, a candidate for the Industrial Fire Brigade – Incipient level certification meets the entrance and educational requirements as established by the management of the industrial fire brigade and as a part of his/her duties with _____ has demonstrated the ability to competently and where applicable safely perform the Job Performance Requirements (JPR's) from the 2012 edition of NFPA 1081 *Industrial Fire Brigade Professional Qualifications*.

Please attach a copy of the Industrial Fire Brigade Incipient Level training certificate.

Chief Officer Name (please type)	Daytime Phone	Email
Signature of Chief Officer	Title	Date

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Basement: Full dimensions of building Partial If partial, Side _____ N/A
 Basement Access: Interior: Side _____ Exterior: Side _____ N/A
 Crawl Space Access Interior: Side _____ Exterior: Side _____ N/A

Number of Stairways, Type & Locations: _____

Number of Elevator(s): _____ N/A **Elevator Key Location:** _____

Elevator # _____

Floors Served _____

Elevator Mach. Room _____

Other Vertical Openings, Type & Locations: _____

Heating System: Electric Natural Gas (LNG) LPG Oil Combination Gas/Oil Other: _____

Emergency Shut-Off: Division # _____ Side _____ Roof Level _____ Mechanical Equip. Room: _____
 Within Room Area On-Unit Side: _____

System Inspected: Yes No **Safely Arranged** Yes No **Area Clear of Obstructions** Yes No

FIREGROUND EXPOSURES

Side-A (address) _____ Distance (ft.) _____
 Side-B (left) _____ Distance (ft.) _____
 Side-C (rear) _____ Distance (ft.) _____
 Side-D (right) _____ Distance (ft.) _____

BUILDING UTILITIES

<u>Utility</u>	<u>Utility Main Shut-Offs Locations</u>			<u>Supplier</u>	<u>Contact Phone #</u>
Electric	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Emergency Generator	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Water	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Gas/LPG/Oil	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Alternative Energy	Division # _____	Side _____	<input type="checkbox"/> N/A	Type: _____	_____

WATER SUPPLY

Hydrant(s) Primary Location: _____ Capacity(GPM): _____
 Secondary Location: _____ Capacity(GPM): _____

Rural Area Main drafting water supply: ___Lake ___Pond ___River ___Pool ___Other _____
 Drafting Location: _____ Travel Distance: _____

Private Type: _____ Location: _____
 Type: _____ Location: _____

BUILDING FIRE PROTECTION SYSTEM

Fire Alarm System: Yes No **System Operational:** Yes No **Monitored System:** Yes No

Detector Types: None Smoke Combination **Monitoring Co:** _____
 Thermal Carbon Monoxide Pull Stations **Contact Phone #:** _____

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Pre-Requisite Verification Form

Candidate Name: _____

My signature below indicates I read and understand the requirements of this program, Fire Brigade Incipient Industrial Certification test; furthermore, I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

- _____ I am 18 years of age or older;
- _____ I signed the Act 168 form or provided an official criminal history record check obtained pursuant to Chapter 91;
- _____ I signed the application;
- _____ I had a chief officer sign Section IV of this application;
- _____ I attached a copy of an approved Incident Command Course;
- _____ I attached a copy of an approved, current course certificate for Hazardous Materials Awareness (Refresher) or Operations (Refresher) course;
- _____ I attached current, signed cards or certificates that fulfill the CPR and Medical Training Requirements;
- _____ I attached a copy of a certificate indicating completion of an approved Industrial FB Incipient course/program
- _____ I signed the liability wavier section of the application
- _____ I attached my Fire Safety Survey

Testing Assistance

- _____ I am physically capable of completing the practical skill exercises.
- _____ I can read and comprehend the written test and related materials.
- _____ I **will not** be submitting a request for accommodation for National Certification exam.

OR

- _____ I **will** be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam.

Candidate Name (please type)

Signature of Candidate

Date