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| **CONFINED SPACE RESCUE TECHNICIAN TASK BOOK** | | | | | | | | | |
| **Please type or print legibly.** | | | | | | | | | |
|  |  | | | |  | |  | | |
| NAME: LAST | FIRST | | | | MI | | DATE OF BIRTH | | |
|  |  | | | |  | |  | | |
| HOME ADDRESS | CITY | | | | STATE | | ZIP CODE | | |
|  |  | | | |  | | | | |
| EMAIL ADDRESS | PHONE NUMBER | | | | FCDICE STUDENT ID NUMBER | | | | |
|  | | | |  | | | | | |
| DATE TASK BOOK INITIATED | | | | DATE TASK BOOK COMPLETED | | | | | |
|  | | | | | | | | | |
| **ATTEST**: The information contained in this document is true and correct to the best of my knowledge. I understand that falsification of this document is subject to penalty and is cause to deny or revoke this certification. | | | | | | | | | |
| *Signature of Applicant* | | | *Date* | | | | | | |
|  | | | | | | | | | |
| *Signature of Fire Chief, Agency Head or Designee* | | | *Printed Name of Fire Chief, Agency Head or Designee* | | | | | | *Date* |
|  | | | | | | | | | |
| **PURPOSE OF THIS TASK BOOK**: This task book is an evaluative tool designed to document that a candidate has demonstrated certain requisite skills required to meet a specific NFPA 1670 job performance requirement. Selected skill objectives in this task book are a supplement to the student learning outcomes and objectives met by successfully completing the Confined Space Rescue Technician program curriculum. | | | | | | | | | |
| **EXPECTATION OF CANDIDATE**:The Confined Space Rescue Technician candidate is solely responsible for the maintenance, completion, and submission of this task book. | | | | | | | | | |
| **EXPECTATIONS OF EVALUATOR**: The evaluator is a direct supervisor, training officer or person designated by Fire Chief or Agency Head who is responsible for overseeing the performance or activity of the candidate. The evaluator documents first hand observation of the requisite skills of candidate, and attests by signature when task(s) has been demonstrated. Evaluator must sign and enter their Student ID number on this form. | | | | | | | | | |
|  | | | | | | | | | |
| **CONFINED SPACE RESCUE TECHNICIAN** | | | | | | | | | |
| ***General Reference to NFPA 1670 Standard*** | | ***Evaluator Signature***  ***(Print & Sign Name)*** | | | | ***Instructor***  ***ID Number*** | | ***Date*** | |
| Preplan a confined space incident | |  | | | |  | |  | |
| Plan a response for an entry type confined space rescue in a hazardous environment | |  | | | |  | |  | |
| Assess the incident | |  | | | |  | |  | |
| Implement a planned response | |  | | | |  | |  | |
| Initiate and use a medical surveillance program | |  | | | |  | |  | |
| Identify the duties of the rescue entrant(s) and backup rescue entrant(s), rescue attendant, and rescue team leader | |  | | | |  | |  | |
| Ensure that personnel are capable of managing the physical and psychological challenges that affect rescuers entering confined spaces | |  | | | |  | |  | |
| ***General Reference to NFPA 1670 Standard*** | | ***Evaluator Signature***  ***(Print & Sign Name)*** | | | | ***Instructor***  ***ID Number*** | | ***Date*** | |
| Perform a non-entry retrieval | |  | | | |  | |  | |
| Perform an entry type rescue into a confined space | |  | | | |  | |  | |
| Protect personnel from hazards within a confined space | |  | | | |  | |  | |
|  | | | | | | | | | |