

# Confined Space Rescue Technician, Level I & II Local Verification & Mask Fit Form NFPA 1006 – 2013

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Local Verification Requirements

**1. 29 CFR 1910.134, Mask Fit Documentation:**

The candidate has been successfully fitted to his or her Self-Contained Breathing Apparatus (SCBA) Mask in compliance with 29 CFR 1910.134 within the last twelve (12) calendar months.

**2. NFPA 1006 – 2013, JPR 4.2, Medical Training and Kansas Fire & Rescue Training Institute, Technical Rescue Minimum Medical Requirements:**

The candidate must be a currently registered Kansas Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic.

These requirements are developed and have been validated at the local level per departmental protocol. Documentation of the requirements contained above are subject to verification by KFRTI in written form and/or a hard copy of the document(s).

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***This section is to be completed by Fire Chief, Training Chief, or Program Director ONLY***

I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed in paragraphs 1 through 2 above. All requirements have been successfully conducted and completed per local department protocol and policies. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department.

\_\_\_\_\_  
Typed or Legibly Printed Name of Fire Chief, Training Chief, or Program Director

\_\_\_\_\_  
Signature of Fire Chief, Training Chief, or Program Director

Date: \_\_\_\_\_ Department / Organization: \_\_\_\_\_

Department / Organization Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_