

# HazMat - Operations Local Verification & Mask Fit Form

## NFPA 1072 – 2017

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 1072 – 2017, Mission-Specific Competencies – Personal Protective Equipment: 6.4.1 Demonstrate local procedures for responders undergoing the technical decontamination process.**

The candidate has successfully demonstrated the ability to perform technical decontamination of personnel and equipment in accordance with department policies and procedures using department facilities and other ancillary equipment.

***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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_