NEVADA STATE FIRE MARSHAL
TRAINING SECTION
LIVE BURN ACCOUNTABILITY

Individual Name: _____ **Department:** _____
Emergency Contact: _____ **Known Medical Problems:** _____
Allergies: _____

NOTE: Remember to keep crews well hydrated during time in staging or rehab

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
Pre Entry # 1						
Post Entry						
5 Minutes						
20 Minutes						
Pre entry # 2						
Post Entry						
5 Minutes						
20 Minutes						

Turnout Gear Inspection:
Coat _____ Pants _____ Helmet _____ Boots _____

Gloves _____ Hood _____ SCBA _____ Pass _____

Accountability Tag: _____ Problems with gear: _____

Training Level: The above named individual meets the following training Job Performance Requirements prior to entering live fire training. These NFPA 1001 JPR subjects are listed in NFPA 1403, 5.1.1, and 8.1.1. To meet 5.1.2 and 8.1.2 the individual and Chief or their designee needs to certify that the training has been received. *This is equivalent to Nevada ELFF*.

SCBA Fit Test Date: __/__/____ Medically cleared to wear SCBA __/__/____

Safety	Fire Behavior	Portable extinguishers
Personal Protective Equipment	Fire hose, appliances, and streams	Ladders
Overhaul	Water Supply	Ventilation
Forcible Entry		

I _____ certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.
Signature: _____ Date__/__/____

I _____ certify that _____ has received the above training prior to entry into the Live Fire Training being offered. I also certify the above information is true.
Signature of Chief or his designee: _____
Rank: _____ Date__/__/____

Signature Lead Instructor: _____ Date__/__/____

Signature Safety Officer: _____ Date__/__/____