



LIVE BURN ACCOUNTABILITY

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

Training Level: The above named individual meets the following training Job Performance Requirements prior to entering live fire training. These JPR subjects are listed in NFPA 1403, 4.3.1 & 4.3.2. To meet these requirements the individual and Chief or his/her designee needs to certify that the training has been received.

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

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

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 __/__/____

Turnout Gear Inspection:

Coat _____ Pants _____ Helmet _____ Boots _____

Gloves _____ Hood _____ SCBA _____ Pass _____

Accountability Tag: _____ Problems with gear/SCBA: _____

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

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

Signature Lead Instructor: _____ Date __/__/____

Signature Safety Officer: _____ Date __/__/____