NETARTS-OCEANSIDE RURAL FIRE PROTECTION DISTRICT
1235 5th Street Loop - P.O Box 219 - Netarts OR, 97143

TIMOTHY S. CARPENTER, Fire Chief Office: 503- 842-5900 Fax: 503 / 842-1173 e-mail: timc@norfpd.org

APPLICATION PACKET

Welcome - General Information

Netarts-Oceanside Volunteer Firefighters' Association

Volunteer Membership Application Form

Consent Form for Drug & Alcohol Testing

Release & Authorization for Background Investigation

Parental Permission Form for Fire Cadet Members (16-18 years old)

Respirator Medical Evaluation Questionnaire

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COMMITTED to SERVICE and EXCELLENCE

NETARTS-OCEANSIDE RURAL FIRE PROTECTION DISTRICT
and
Netarts-Oceanside Volunteer Firefighters Association

WELCOME!!

Thank you for your interest in the Netarts-Oceanside Fire and Rescue Department.
We hope you will be willing to join - and will be proud to serve with us.
We have a great organization, with great people like yourself.

INTRODUCTION:
Netarts-Oceanside Rural Fire Protection District covers an area of approximately (14) square miles, and was formed in November 1948. We provide a full range of emergency services, including Fire Suppression, Emergency Medical Response, as well as Water Rescue and High Angle Rescue Teams.

REQUIREMENTS of MEMBERS:

1. Members are expected to abide by all policies, rules, and regulations set forth by the district and the volunteer association.
2. New members will be required to attend an orientation class, as made available by the district.
3. Members are expected to attend an average of two (2) drills/meetings per month.

Persons are considered probationary members for three (3) months (90 days) after being accepted by a Fire Department. They must attend a minimum of two (2) meetings/drills per month during this phase to be eligible for active membership status.

All probationary members are at will and can be terminated at any time during probation.

Active members may ask to be placed on reserve status for reasons of employment, illness, injury, or any other valid reason when the member is not able to fulfill his/her duties as an active member. Member can be on active reserve for six (6) months, then placed on inactive reserve status.

MEMBERSHIP:

- Persons 16 years of age or older, living, or regularly employed in the immediate area of the fire district may apply.
- Certain insurance restrictions are placed on members under age 18.
- Must possess a valid Oregon driver's license to operate district vehicles.
- All firefighters must take a physical agility test.
- All members must read and complete the volunteer application packet.

FIRE CADET members (ages 16-18) have all the rights and privileges of active members, but are not allowed to perform the following activities:

- Drive apparatus
- Operate power saws
- Interior attack on hostile fires
- Roof operations on hostile fires
- Carry pagers during school
- Respond to alarms during school hours unless requested by the fire district.

Firefighters and Support personnel must be eighteen (18) years of age or more.

ALL MEMBERS must be in good physical condition and capable of performing required assignments.

TRAINING:
State laws, as well as district policies, require certain minimum training levels for fire fighters.

All fire fighters, including EMS Responders, Water Rescue Team Members and Rope Rescue Team Members, must be trained to Oregon Department of Public Safety Standards and Training (DPSST) Entry Level Firefighter. They must also complete the Operations level of Hazardous Materials training. Both programs will be offered at first opportunity.

The Entry Level Firefighter training requirement must be met to:

- Drive apparatus
- Operate power saws
- Interior attacks on hostile fires
- Roof operations on hostile fires

Medical training and CPR certification are also required for membership.

PERSONNEL UTILIZATION:

Support Personnel:
Although not directly engaged in fire fighting activities, support operations are vital to the successful outcome of many emergency scenes, as fire fighting and other emergency operations are very labor-intensive.

Adequate numbers of support personnel make or break many emergency scenes, as they provide breathing air to fire fighting crews, furnish electric lighting, vehicle maintenance, station maintenance, and many other tasks just as important as actually fighting the fire.

Non-emergency skills, such as journalism ability, knowledge of photography, teaching ability (for public education classes), and a willingness to investigate fire cause are also important to the Fire District's mission.

Para Military Structure:
An emergency cannot be handled with committee action. Therefore, a rank structure exists to control operations and decisions. Members must be willing to work within this structure to provide for orderly and safe operations.

While teamwork is vitally important to our mission, we are also looking for people who can become leaders. With training and experience, you could become a Fire Officer, or supervise a program. Our needs, as well as the personal challenges, are endless.

SAFETY:

Fire Fighting is dangerous work, and this Fire District has taken a pro-active stance on Fire Fighter Safety. We expect you to follow established rules and safety procedures. Additionally, we encourage members to submit suggestions to improve safety in any/all aspects of our operation.

Training, skills practice, and adherence to rules are vital to the safe handling of each and every emergency.

BENEFITS:

- Learn new skills
- Serve your community
- Challenge yourself
- Satisfaction for a job well done
- Community's respect and appreciation
- Be a member of a dedicated team
- Pathway to a new career
- Injury/Disability insurance
- Reimbursement for authorized training:
  - First Responder Class
  - *EMT Basic
  - Approved conferences
- State accredited training
- Professional development
- Program responsibility

* As per current District Policies

CONDUCT

Due to the nature of the job and the accessibility we are granted to enter into people's homes and business, all members of the Netarts-Oceanside Rural Fire Protection District will be held to a strict standard of conduct. All members will adhere to all state and federal laws. All members will conduct themselves professionally, and as a representative of the Fire District both on and off duty.

Violation of any District policy or act of misconduct will result in immediate suspension and/or termination by the Fire Chief.

CONCLUSION:

Netarts-Oceanside Rural Fire Protection District has two (2) very important demands of all its members:

1) You must be honest at all times
2) You must be loyal to our great organization.

We look forward to working with you!!

Tim Carpenter
Fire Chief

NETARTS-OCEANSIDE VOLUNTEER FIREFIGHTERS ASSOCIATION POLICY

NETARTS-OCEANSIDE RURAL FIRE PROTECTION DISTRICT

Code: Policy - Volunteers 1

Adopted: 08/14/95

Revised:
Readopted:

VOLUNTEER ASSOCIATION

The Netarts-Oceanside Rural Fire Protection District Volunteer Association will remain separate from the Fire District. The purpose of the Association is to promote good will within the ranks of the volunteers within the District, and to give assistance and input to the Fire Chief and Board of Directors, in regard to the needs of their station.

The Volunteer Association will maintain its status as a Non-Profit Organization.

Officers elected by the Association will not interfere with, or be confused with, the Officers of the Netarts-Oceanside Rural Fire Protection District as appointed by the Fire Chief or Board of Directors.

All funds collected by the Association belong wholly to the Association, and distribution of said funds shall be at the discretion of the Association.

The Board of Directors of the Netarts-Oceanside Rural Fire District shall not be voting members of the Volunteer Association.

End of Policy.

JOB DESCRIPTION

FIREFIGHTER

Firefighters comprise the bulk and nucleus of the working force for Netarts-Oceanside Rural Fire Protection District in all aspects of emergency situations. Firefighters are responsible for meeting the following criteria but are not limited to the following:

1. Regular attendance of all training sessions, both weekly and specially scheduled. (Taking work schedules into consideration)

2. Respond to all dispatched emergencies when available and not currently committed to work related activities.

3. Follow District policies for response, to include safe driving to and from the Fire Station.

4. Utilize all protective personal equipment that is issued for use and not varying or substituting equipment.

5. Regular attendance at monthly meetings for the benefit of conducting Volunteer Association business.

6. Attain and maintain the level of Entry Level Firefighter within one year, and Firefighter I within two years. Active participation in training that will simplify and solidify this process.

7. Properly respond all District apparatus if qualified for driving, obeying all policies and procedures to include laws pertaining to motor vehicles.

8. Follow Chain of Command during training sessions as well as live emergency situations. This is essential for efficiency of operations as well as safety.

9. Actively participate in continuing education on a yearly basis to maintain accreditation and confidence levels.

JOB DESCRIPTION

Active Support Staff

GENERAL STATEMENT OF DUTIES

Support staff is essential to daily operations of the Fire District.
Active support staff will attend at least one meeting a month (volunteer Association business meeting) and will fill an active role in both on and off emergency scene operations.

SUPERVISION RECEIVED

Works under the general supervision of a company officer who assigns work details, and will follow the Fire District chain-of-command for on-scene operations.

SUPERVISION EXERCISED

Supervision is not a normal responsibility of this position how ever a support person may hold a company officer position to over see other support personal on specific assigned work details.

EXAMPLES OF PRINCIPAL DUTIES

1. Responds to emergencies and fills a support role in a non-hazardous area.

2. May assist and perform fire prevention and public education activities.

3. Actively participates in disaster response and recovery in what ever role is needed.

4. Attends training schools and conferences.

5. Performs other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITY

Must have a thorough knowledge of the District organization. Must have working knowledge of tools and understand their use and know their location. Must thoroughly understand radio alerting and communication procedures to properly respond to emergencies. Must have working knowledge of after-run and apparatus maintenance procedures. Must have the ability to work harmoniously with other members and to boost personnel morale. Must have the ability to understand and follow oral and written instructions.
Be able to effectively deal with people of all ages and backgrounds; the ability to communicate effectively and to express ideas clearly and concisely. And have a thorough knowledge of all District standing orders, rules and regulations and procedures.

EXPERIENCE AND TRAINING

Successful completion of the Active Support Staff Training Requirements.

SPECIAL QUALIFICATIONS

Candidates for the position must meet knowledge, health and physical qualifications established by the District; and shall hold a current Oregon drivers license.
Must have the ability to work harmoniously with other members. Must have the ability to understand an follow oral and written instruction.

Active Support Staff Training Requirements

Initial Training

- Fire Department Orientation & ICS
- Safety
- Fire Behavior
- Personal Protective Equipment (PPE)
- Self Contained Breathing Apparatus (SCBA) *No wearing necessary*
- Search & Rescue (Classroom only)
- Ladders
- Fire Extinguishers (Classroom & Skills)
- Salvage & Overhaul
- Water Supply (Classroom only)
- Hose (Classroom only)
- Fire Streams (Classroom only)

Continuing Education

- Annual Blood Borne Pathogens Refresher
- Annual Safety Drill
- Maintain Current CPR certification
- Scheduled NORFPD Tsunami / Disaster Response Training

Attendance

- Monthly Business (Volunteer Firefighters Association) Meeting
- One Fire Drill Per Month
- Annual Blood Borne Pathogens Refresher Drill
- Annual Safety Drill
- Scheduled NORFPD Tsunami / Disaster Response Training

JOB DESCRIPTION

Reserve Support Staff

GENERAL STATEMENT OF DUTIES

Support all staff is essential to daily operations of the Fire District.
Reserve support staff will attend one drill a month (volunteer Association business meeting) and will fill an active role in disaster response and shelter staffing.

SUPERVISION RECEIVED

Works under the general supervision of a company officer who assigns work details, and will follow the Fire District chain-of-command during drills and activation.

SUPERVISION EXERCISED

Supervision is not a normal responsibility of this position however a support person may hold a company officer position to over see other support personal on specific assigned work details.

EXAMPLES OF PRINCIPAL DUTIES

1. Responds to the Station to open Fire Hall during power outages and at times of need.

2. Maintains and oversees emergency shelter supplies.

3. May assist with coordination and presentation of public education classes.

4. Attends pertinent training and conferences.

5. Performs other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITY

The ability to effectively deal with people of all ages and backgrounds; the ability to communicate effectively and to express ideas clearly and concisely. The ability to promote harmony and to boost personnel morale. A thorough knowledge of all District standing orders, rules and regulations and procedures.

EXPERIENCE AND TRAINING

Successful completion of the Reserve Support Staff Training Requirements.

SPECIAL QUALIFICATIONS

Must have the ability to work harmoniously with other members. Must have the ability to understand an follow oral and written instruction.

Reserve Support Staff Training Requirements

Initial Training

- Fire Department Orientation & ICS
- Safety
- Blood Borne Pathogens / Exposure Control Plan
- Fire Department Communications
- NORFPD Tsunami / Disaster Response Plan Training
- CPR
- First Aid
- Red Cross Training

Continuing Education

- Annual Blood Borne Pathogens Refresher
- Annual Safety Drill
- Maintain Current CPR certification
- Scheduled NORFPD Tsunami / Disaster Response Training

Attendance

- A quarterly Reserve Support Staff Meeting
- Annual Blood Borne Pathogens Refresher Drill
- Annual Safety Drill
- Scheduled NORFPD Tsunami / Disaster Response Training

Office (503) 842-5900 Fax (503) 842-1173

SUBMIT attached Application Forms as requested to the Chief, or his designee.
KEEP remainder of Application Packet for reference and information.

Date _____

Name (please print) _____

Home Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Ph. ( )_____ Cell ph. ( ) _____

E-Mail _____ Cell phone carrier _____

Date of Birth _____/_____/_____ Social Security Number _____-_____-_____

Drivers License No./State _____Expiration Date_____

Beneficiary Name _____Relationship_____

Emergency Contact Person _____ Relationship _____

Phone ( )_____ Address of Contact Person _____

City_____State_____Zip_____

Have you ever been convicted of a felony? If yes, please explain: _____

Have you ever been convicted of a major traffic violation? If yes, please explain: _____

Applying for: FIREFIGHTER [ ] SUPPORT PERSONNEL [ ]

My signature attests that I have read the entire Volunteer Membership Application Packet.

Signature _____ Date

Approved by _____ Date

** OFFICE USE ONLY **

[ ] Radio # _____ [ ] FFRS [ ] 911 Text [ ] DPSST #_____

WORK EXPERIENCE / REFERENCES / TRAINING

List most recent employer:

Employer Name _____

Employer address _____

Employer Phone (_____)_____ Employed from: _____/_____to____/_____

May we contact this employer for a reference? Yes _____ No _____

Comments _____

[ ] Additional information on the back.

Previous Fire Department affiliation:

Name of Fire Dept./Dist. _____

Station location _____ Contact Person _____

Contact Phone (_____)_____ Active from: _____/_____to _____/_____
Mo. Yr. Mo. Yr.

May we contact this fire department for a reference? Yes _____ No _____

Comments _____

[ ] Additional information on the back.

TRAINING

Currently trained/active status for:

ENTRY LEVEL FIREFIGHTER [ ] FIREFIGHTER I [ ] INCIDENT COMMAND [ ] FIRST RESPONDER [ ]

EMT-Basic [ ] EMT-Intermediate [ ] INSTRUCTOR I [ ] HAZ-MAT AWARENESS [ ]

List all other accredited training, and certificates of courses/classes completed:

_____

_____

I, _____ agree to the terms and conditions set forth in the application package.

Signature _____ Date _____

PHYSICAL AGILITY TESTING

To insure that firefighters employed by the Netarts-Oceanside Rural Fire Protection District are capable of executing all of the rigorous duties that may be involved in the performance of their job, the District has established a program of pre-employment agility testing. Each prospective employee including volunteers will be required to successfully complete this testing prior to becoming a member of the department.

Prior to undertaking this physical agility test, the district advises that you, the candidate, will have a pretest physical examination performed at Coastal Health Center, 216 Cedar Ave. Tillamook. The cost of this physical examination will be covered by the Fire District.

"WAIVER-HOLD HARMLESS" STATEMENT

I, _____, having been advised by the Netarts-Oceanside Rural Fire Protection District to undergo a physical examination by a physician of my choice, prior to participating in this physical agility test, am declining to do so. I further state that I will hold harmless the Netarts-Ocenaside Rural Fire Protection District and it's employees and/or volunteers regarding any and all possible liabilities incurred by myself due to my failure to undergo this physical examination.

Signature: _____

Date: _____

CONSENT FORM for DRUG & ALCOHOL TESTING

In accordance with Netarts-Oceanside Rural Fire Protection District Policy - Personnel #20, Drug Free Workplace:

I, _____
Print Last Name First Name Initial

understand that I may be requested to submit to drug and/or alcohol testing, including a urine test, blood test, or both, to detect usage of drugs or alcohol.

I further understand that if I give my consent to submit to such tests, the test results and other relevant medical information will be released to persons authorized by the District for appropriate review and response. I agree to allow release of such information.

I have taken the following prescription drugs or substance within the last thirty (30) days:

_____ Sleeping Pills

_____ Diet Pills

_____ Pain Relief Pills

_____ Cold Tablets

_____ Other Medications or Substances

Identify Name / Amount / Doctor or Over the Counter

_____ _____
Signature Date

PARENTAL PERMISSION FORM

For Fire Cadet Member
(16-(18) years old)

I, _____, give permission for
Parent / Guardian (Print name)

my son/daughter _____ to join
Print Last Name Middle Name Initial

the Netarts-Oceanside Rural Fire Protection District as a cadet volunteer member, and participate in any

training, emergencies or other activities of the Fire District.

In addition, I give permission for the public schools to release my son/daughter

upon request of the Fire District for the purpose of additional assistance at an emergency.

I have reviewed the entire 10-page Volunteer Membership Application Packet.

_____
Signature: Parent / Guardian

_____
Date

Netarts-Oceanside Rural Fire Protection District

RELEASE AND AUTHORIZATIN FOR BACKGROUND INVESTIGATION

I hereby authorize Netarts-Oceanside Rural Fire Protection District to undertake a complete investigation of my background, including, but not limited to, investigation of any and all statements contained in my application to be an employee or volunteer with the District. I authorize the District to contact my present employer, past employers, listed references, and any other person or persons or information services that the District may deem necessary or advisable to investigate my background. I understand that the District may, either directly or by requesting an investigative consumer report from a consumer reporting agency, conduct an investigation that includes information as to my character, general reputation, personal characteristics, mode of living, or any criminal background, driving record, or current illegal drug use. I understand that this background investigation may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of any consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of their investigation.

I certify that I have never been convicted of any misdemeanor or criminal offense other than a minor traffic violation, nor have I been discharged for cause. Any exceptions to this are fully explained in writing and attached to this document. Should any statements or claims stated herein be found false, I fully understand that I may be terminated and disqualified from future employment consideration with the District.

I hereby authorize any person, school, current employer, past employer(s), or organization, including police agencies, to provide the District with relevant information and opinion that may be useful to the District in conducting this investigation, and I hereby release such persons and organizations from any legal liability in making such statements. Copies of this release and waiver shall be as binding and effective as the original.

DATED this _____ day of _____, _____.

_____

Signature

_____

Printed Name

COASTAL HEALTH CENTER
FAMILY & OCCUPATIONAL HEALTH SERVICES
216 CEDAR AVENUE
TILLAMOOK, OR 97141
(503) 842-3661

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
(as required by OSHA 29 CFR 1910.134)

To the employer: Answers to questions in section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____ SS# _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ft. _____in.
6. Your weight: _____lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include area code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
    a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
    b. _____ Other type (for example, half or full-facepeice type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No

If "yes" what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no")

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?
    a. Seizures (fits): Yes/No
    b. Diabetes (sugar disease): Yes/No
    c. Allergic reactions that interfere with your breathing: Yes/No
    d. Claustrophobia (fear of closed-in spaces): Yes/No
    e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?
    a. Asbestosis: Yes/No
    b. Asthma: Yes/No
    c. Chronic bronchitis: Yes/No
    d. Emphysema: Yes/No
    e. Pneumonia: Yes/No
    f. Tuberculosis: Yes/No
    g. Silicosis: Yes/No
    h. Pneumothorax (collapsed lung): Yes/No
    i. Lung cancer: Yes/No
    j. Broken ribs: Yes/No
    k. Any chest injuries or surgeries: Yes/No
    l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
    a. Shortness of breath: Yes/No
    b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
    c. shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
    d. Have to stop for breath when walking at your own pace on level ground: Yes/No
    e. Shortness of breath when washing or dressing yourself: Yes/No
    f. Shortness of breath that interferes with your job: Yes/No
    g. Coughing that produces phlegm (thick sputum): Yes/No
    h. Coughing that wakes you early in the morning: Yes/No
    i. Coughing that occurs mostly when you are lying down: Yes/No
    j. Coughing up blood in the last month: Yes/No
    k. Wheezing: Yes/No
    l. Wheezing that interferes with your job: Yes/No
    m. Chest pain when you breathe deeply: Yes/No
    n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you *ever had* any of the following cardiovascular or heart problems?
    a. Heart attack: Yes/No
    b. Stroke: Yes/No
    c. Angina: Yes/No
    d. Heart failure: Yes/No
    e. Swelling in your legs or feet (not caused by walking): Yes/No
    f. Heart arrhythmia (heart beating irregularly): Yes/No
    g. High blood pressure: Yes/No
    h. Any other heart problem that you've been told about: Yes/No

6. Have you *ever had* any of the following cardiovascular or heart symptoms?
    a. Frequent pain or tightness in your chest: Yes/No
    b. Pain or tightness in your chest during physical activity: Yes/No
    c. Pain or tightness in your chest that interferes with your job: Yes/No
    d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
    e. Heartburn or indigestion that is not related to eating: Yes/No
    f. Any other symptoms that you think may be related to heart of circulation problems: Yes/No

7. Do you *currently* take medication for any of the following problems?
    a. Breathing or lung problems: Yes/No
    b. Heart trouble: Yes/No
    c. Blood pressure: Yes/No
    d. Seizures (fits): Yes/No

8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9): _____
    a. Eye irritation: Yes/No
    b. Skin allergies or rashes: Yes/No
    c. Anxiety: Yes/No
    d. General weakness or fatigue: Yes/No
    e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever* lost vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?
    a. Wear contact lenses: Yes/No
    b. Wear glasses: Yes/No
    c. Color blind: Yes/No
    d. Any other eye or vision problem: Yes/No

12. Have you *ever* had an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?
    a. Difficulty hearing: Yes/No
    b. Wear a hearing aid: Yes/No
    c. Any other hearing or ear problem: Yes/No

14. Have you *ever* had a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems:
    a. Weakness in any of your arms, hands, legs, or feet: Yes/No
    b. Back pain: Yes/No
    c. Difficulty fully moving your arms and legs: Yes/No
    d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
    e. Difficulty fully moving your head up or down: Yes/No
    f. Difficulty fully moving your head side to side: Yes/No
    g. Difficulty bending at your knees: Yes/No
    h. Difficulty squatting to the ground: Yes/No
    i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
    j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
   If "yes" do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes" name the chemicals if you know them: _____
_____
_____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
    a. Asbestos: Yes/No
    b. Silica: Yes/No
    c. Tungsten/cobalt (e.g. grinding or welding this material): Yes/No
    d. Beryllium: Yes/No
    e. Aluminum: Yes/No
    f. Coal (for example, mining): Yes/No
    g. Iron: Yes/No
    h. Tin: Yes/No
    i. Dusty environments: Yes/No
    j. Any other hazardous exposures: Yes/No

    If "yes" describe these exposures: _____

    _____

4. List any second jobs or side businesses you have: _____

    _____

5. List your previous occupations: _____

    _____

6. List your current and previous hobbies: _____

    _____

7. Have you been in the military services: Yes/No
    If "yes", were you exposed to biological or chemical agents (either training or combat): Yes/No

8. Have you ever worked on a HAZMAT team: Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No
    If "yes" name the medications if you know them: _____

    _____

10. Will you be using any of the following items with your respirator(s)?
    a. HEPA filters: Yes/No
    b. Canisters (for example, gas masks): Yes/No
    c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?
    a. Escape only (no rescue): Yes/No
    b. Emergency rescue only: Yes/No
    c. Less than 5 hours *per week*: Yes/No
    d. Less than 2 hours *per day*: Yes/No
    e. 2 to 4 hours *per day*: Yes/No
    f. Over 4 hours *per day*: Yes/No

12. During the period you are using the respirator(s), is your work effort:
    a. Light (less than 200 kcal per hour): Yes/No
    If "yes", how long odes this period last during the average shift: _____ hrs. ____ min.
    Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1 – 3 lbs.) or controlling machines.
    b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes" how long does this period last during the average shift: _____hrs. _____min. Examples of moderate work effort are sitting while nailing of filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350kcal per hour): Yes/No

If "yes" how long does this period last during the average shift: ___1___hrs. _____min.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8 degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No
    If "yes", describe this protective clothing and/or equipment: Turnout gear – coat, pants, hood, helmet, gloves, boots

14. Will you be working under hot conditions (temperatures exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):
    Firefighting and rescue

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):
    Anything – extreme heat, gases, etc.

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):
    Name of the first toxic substance: Carbon Monoxide
    Estimated maximum exposure level per shift: unknown
    Duration of exposure per shift: unknown
    Name of the second toxic substance: Carbon Dioxide
    Estimated maximum exposure level per shift: unknown
    Duration of exposure per shift: unknown
    Name of the third toxic substance: Hydrogen Cyanide
    Estimated maximum exposure level per shift: unknown
    Duration of exposure per shift: unknown
    The name of any other toxic substances that you'll be exposed to while using your respirator: Any product of combustion or a hazardous materials emergency

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well being of other (for example, rescue, security):
    Firefighting and rescue