TECHNICAL RESCUER: CONFINED SPACE RESCUE I/II

Certification to this level will require the following:

Step 1- Fulfill the examination entrance criteria
Step 2- Submission and acceptance of an application, required documentation, and certification fee by the deadline date.
Step 3- Successful completion of a written examination.
Step 4- Successful completion of a practical examination.

STEP ONE- EXAMINATION ENTRANCE CRITERIA

The examination entrance criteria for this level are the following:

1- At least 18 years of age at the time of the examination.
2- Possess a high school diploma or GED at the time of the examination.
3- Be a member of the Massachusetts fire service.
4- Submit a "Medical Authorization for Certification" document with the application.
5- Provide proof of completing a training program(s) covering the objectives of this level. (NFPA 1006- sections: Confined Space Rescue I and II)
6- Provide proof of training to hazardous materials: operational level responder.
7- Provide proof of fulfilling the medical first responder requirements of the Commonwealth.
8- Be certified to the level of Rope Rescue II, (Rope Rescue II or Rope Rescue I/II), to include NFPA 1006; Chapters 5 and 6, by the Massachusetts Fire Training Council OR have received reciprocal credit from either the National Board on Fire Service Professional Qualifications, Inc. OR the International Fire Service Accreditation Congress.

STEP TWO- APPLICATION PROCEDURE

The application, required documentation, and certification fee must be received at the Massachusetts Firefighting Academy no later than the deadline date noted in the examination schedule. The certification fee must be in the form of a personal check, bank draft, money order, municipal check, or municipal purchase order made to the order of the Massachusetts Firefighting Academy Trust Fund. Upon acceptance, the candidate will be assigned to an examination date and notified by email with all examination procedures. Incomplete application packages will be rejected and returned.

American with Disabilities Act (ADA) – The Massachusetts Fire Training Council will make every attempt to meet the needs of persons with disabilities and taking certification examinations. If you request accommodations (by checking the box on your certification application) please immediately contact the DFS Civil Rights Officer, Mary Travers at (978) 567-3145, to determine accommodations you may receive. Candidates who have received accommodations in the past must also contact Ms. Travers to determine if any additional documentation is required. Each request will be handled confidentially.

STEP THREE- WRITTEN EXAMINATION

This section will consist of 50 multiple choice questions given in a 60 minute period to examine the knowledge required by NFPA Standard 1006, 2013 edition for Confined Space Rescue I and II. Candidates must obtain a passing score of at least 70% in each section.

The reference manual from which the questions for this written examination will be drawn is…

Confined Space Entry and Rescue, revised second edition, CMC Rescue

SAMPLE QUESTIONS

The following are sample questions to represent most of the **type** of questions a candidate will be asked to answer during the written examination.

1. For a candidate for this level of certification to be successful, he or she must do the following.

   A. Take the examination process seriously.
   B. Read all documentation carefully.
   C. Study all references and applicable skill sheets closely.
   D. All of the above.

2. In what direction is a carabiner the strongest?

   A. Along its minor axis.
   B. Side loaded.
   C. Along its major axis.
   D. Two carabiners opposite and opposed.

3. Which definition is correct for a Class II life safety harness?

   A. A harness that fastens around the waist and around the thighs or under buttocks and is designed to be used for emergency escape with a design load of 1.33 k/N (300 lbf).
   B. A harness that fastens around waist, around the thighs, or under the buttocks, and over the shoulders, and designed for rescue with a design load of 2.67 k/N (600 lbf).
   C. A harness that fastens around waist and around thighs or under buttocks and designed for rescue with a design load of 2.67 k/N (600 lbf).
   D. A belt that fastens only around the waist and is intended for use by the wearer for emergency self-rescue.

4. The method by which a potential fall distance is controlled to minimize damage to equipment and/or injury to a live load is called what?

   A. Main line.
   B. Haul line.
   C. Escape line.
   D. Belay line.

5. The preferred rope for most Rope Rescue operations is…

   A. Dynamic.
   B. Static.
   C. Kevlar.
   D. Double Braided.

ANSWERS

1. D 2. C 3. C 4. D 5. B

STEP FOUR- PRACTICAL EXAMINATION

Upon successful completion of the written examination, the candidate will be assigned to a practical examination. The candidate will be notified of the examination date, time, location, and examination procedures.

Candidates will also receive ALL potential skills sheets which may be examined, but this practical examination will only address a certain few. All candidates must be able to demonstrate all skills as notification of which skills to be examined will be given only on the day of the practical examination.

Upon successful completion of this practical examination (70% or greater on each skill with no failures on critical points), the candidate will be certified by the Council.

IMPORTANT NOTE: Candidates who have successfully completed the following course conducted by the Massachusetts Firefighting Academy after July 1, 2012 are not required to participate in the practical examination for this level. Proof of successful program completion shall be provided as part of this application.

Confined Space Rescue: Technician Level

MASSACHUSETTS FIRE TRAINING COUNCIL

Certification Examination Application

SECTION 1 - EXAMINATION DATA

Examination: _____**TECHNICAL RESCUER: CONFINED SPACE RESCUE I/II**_____

If you are taking this examination for the first time, check below.

☐ Full Examination

Any retake of portion(s) of this examination, check the appropriate box(s) below.

☐ Written Only ☐ Practical Only

Examination Date: _____ Location: _____

Americans with Disabilities Act (ADA) accommodations requested. Check Box ☐

SECTION 2 - APPLICANT DATA

Enter the following information. Name will appear on your certificate as it is printed below.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address:_____

Street or Post Office Box *City* *State* *Zip*

Telephone: Home (_____) _____ Work (____) _____ Last 4 digits of SS # _____

This is a new address and/or phone numbers. Check box. ☐ Email:_____

SECTION 3 - FIRE SERVICE AFFILIATION

I am a member of one or more of the following:

☐ A municipal fire department in the Commonwealth of Massachusetts, compensated or uncompensated, active or retired.

☐ A non-municipal organization whose sole function is to provide services equivalent to a municipal fire department to a municipality in the Commonwealth of Massachusetts, compensated or uncompensated, active or retired.

☐ Full-time employees of the Massachusetts Department of Fire Services; Massachusetts Department of Environmental Management; Massachusetts Port Authority; and the University of Massachusetts, Amherst; active or retired.*

*Full-time employees of the Department of Fire Services are defined as those full-time employees in the Haz-Mat Division, the Division of Fire Safety, and the Firefighting Academy. State Police personnel assigned to the Fire and Explosion Investigation Unit and the Hazardous Devices Unit are not considered full-time employees of the Department of Fire Services.

☐ Full-time, civilian (non-military) members of military fire departments on installations which are located within the Commonwealth of Massachusetts.

Current Department or Organization Name: _____

Appointment Date: _____

SECTION 4 - DOCUMENTATION

Check each below and complete the documentation attached to this application.

__ Medical Authorization
__ Confined Space Rescue Training
__ HazMat : OLR Training
__ Proof of Medical First Responder Training

Prerequisite Certification_____ Date achieved_____

SECTION 5 - APPLICANT CONFIRMATION

I, the applicant, by my signature below, attest that all of the above information is true, I am at least 18 years of age, and I possess a high school diploma or GED.

Signature: _____ Date: _____

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The applicant will be notified by Email regarding their acceptance into this examination after the examination application deadline date has passed.

Note: The Training Council has an appeal process and fraud/misrepresentation policy. Visit the certification "Frequently Asked Questions" section of their website for details. (www.mass.gov/dfs)

SECTION 7 – CERTIFICATION FEE

The $30.00 certification fee must be in the form of a personal check, money order, bank draft, municipal purchase order, or municipal check to the order of the **MASSACHUSETTS FIREFIGHTING ACADEMY TRUST FUND. Note:** ***Cash cannot be accepted.***

Please indicate the form of payment enclosed.

☐ Personal Check ☐ Bank draft ☐ Money Order ☐ Municipal Check ☐ Municipal Purchase Order

Submit this application, any accompanying documentation, and the $30.00 certification fee to:

Certification Examination
Massachusetts Fire Training Council
P.O. Box 1025
Stow, MA 01775

This application, accompanying documentation and certification fee MUST be received at the above address no later than the close of business on the deadline date as listed in the examination schedule.

Please note: There will be a $15.00 charge for bounced checks per 801 CMR 408.

Certification examination results will be withheld until all certification fees and surcharges (ex. bounced check fees) are paid in full.

Incomplete applications will be returned.

01-06-2017

NAME_____ Last 4 digits of SS#_____

MASSACHUSETTS FIRE TRAINING COUNCIL

MEDICAL AUTHORIZATION FOR CERTIFICATION

NAME_____ **DATE**_____/_____/_____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

PHONE_____

The above named applicant for Fire Service Certification in the Commonwealth of Massachusetts has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the practical skills demonstration portions of NFPA 1001, NFPA 1002, NFPA 1006, or NFPA 472.

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PHYSICIAN'S SIGNATURE DATE

OR

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CHIEF OF DEPARTMENT SIGNATURE DATE

NAME_____ Last 4 digits of SS#_____

MASSACHUSETTS FIRE TRAINING COUNCIL

PREREQUISITE CONFINED SPACE RESCUE TRAINING

I attest that: _____ has received training to meet the
(candidate's name)

objectives of the following chapters of NFPA Standard 1006…

Tech. Rescue - Confined Space I/II Chapter 7

Signature:
Chief of Department or Training Officer * _____ Date: _____

* I understand my signature above is governed by the Fraudulent Misrepresentation Policy of the Massachusetts Fire Training Council.

A copy of the Confined Space Rescue training completion documentation must accompany this form.

PREREQUISITE HAZARDOUS MATERIALS- OLR TRAINING

I attest that: _____ has received training to meet the
(candidate's name)

objectives of the following chapters of NFPA Standard 472, 2008 edition to the level of…

Awareness Level Personnel & Operations Level Responder — Chapters 4, 5, 6.2, & 6.6

Signature:
Chief of Department or Training Officer * _____ Date: _____

* I understand my signature above is governed by the Fraudulent Misrepresentation Policy of the Massachusetts Fire Training Council.

A copy of the Hazardous Materials training completion documentation must accompany this form.

MASSACHUSETTS FIRE TRAINING COUNCIL

MEDICAL FIRST RESPONDER REQUIREMENTS OF THE COMMONWEALTH

The applicant will be required to submit proof of successful completion of a course of instruction fulfilling the First Responder Training requirements of 105 CMR 171.010 through 171.240 as established by MGL Chapter 111, section 201 with their application.

Documentation may be submitted in any of the following forms.

A letter from the fire department Chief stating the candidate has met the requirements of 105 CMR 171.010 - 171.240 as established by MGL 111, section 201 OR...

A copy of a current Cardiopulmonary Resuscitation certification card and a current First Responder Medical certification card which meets or exceeds the requirements of MGL Chapter 111, section 201 OR...

A copy of a current Emergency Medical Technician certification card OR...

A letter from the instructor(s) stating the candidate has successfully completed a course of instruction in Cardiopulmonary Resuscitation and First Responder Medical Training which meets or exceeds the requirements of MGL Chapter 111, section 201 OR...

Any combination of the above, which fulfills the requirements as established by MGL Chapter 111, section 201.

Lack of submission of this documentation constitutes an incomplete application.