



Scarborough Fire Department

Scarborough, Maine



Standard Operating Procedures

Book:	Organization
Chapter:	Forms, Records & Reports
Subject:	1545 – Limited or Non-SCBA Certified Members Acknowledgment Form
Revision Date:	8/16/2007
Approved by:	<i>B. Michael Thurlow</i>

Date: _____

Employee #: _____

Employee Name: _____

This is to certify that I, _____ am aware that I have not been
(print employee's name here)

medically cleared, or have been cleared for limited use of self contained breathing apparatus and therefore must not participate in interior firefighting activities or any other hazardous duty requiring the use of self contained breathing apparatus beyond those limitations. I understand that I am personally responsible to remain clear of any IDLH (immediately dangerous to life and health) atmospheres that would require the use of an SCBA.

I understand that as an active non-structural firefighter I may respond to emergency calls, drive and operate apparatus and equipment (if properly trained in such), and perform other tasks on the fire ground as long as I remain out of the IDLH environment.

I understand that members not cleared to use SCBA at all are exempt from annual fit testing, SCBA refresher training, or the requirement to complete the respirator clearance questionnaire and exam. I also understand I am encouraged to have an annual physical exam at the department's expense to ensure I am physically fit to participate in this limited role.

Employee Signature: _____	Date: _____
Fire Chief Signature: _____	Date: _____