

# MI-TF1

## USAR TASK FORCE

### Rescue Squad Officer

#### RESCUE SQUAD OFFICER INFORMATION

**Description of Duties:**

- Directly supervising Rescue Squad(s) and other assigned personnel
- Implementing the rescue component of the Task Force Tactical Action Plan
- Determining organizational and logistical needs for the Rescue Squad(s) and work site
- Providing periodic progress reports to the Rescue Team Manager
- Maintaining records and reports
- Preparing performance evaluations for assigned personnel
- Ensuring accountability and maintenance for all issued equipment
- Evaluating and modifying rescue tactics as needed
- Performing additional tasks or duties as assigned

Secondary Task Force positions applying for:

- 1.
- 2.
- 3.

#### APPLICANT INFORMATION

|  |  |       |                |                  |      |  |
|--|--|-------|----------------|------------------|------|--|
| Last Name  |  | First |                | M.I.             | Date |  |
| Street Address   |  |       |                | Apartment/Unit # |      |  |
| City   |  | State |                | ZIP              |      |  |
| Home Phone   |  |       | E-mail Address |                  |      |  |
| Cell Phone   |  |       | Work Phone     |                  |      |  |
| Sponsoring Agency:<br>(i.e.: department, team) if applicable |  |       |                |                  |      |  |
| Chief/Dept. Head:  |  |       |                |                  |      |  |
| Address:   |  |       |                |                  |      |  |
| Telephone:   |  |       |                |                  |      |  |
| Job Classification/Rank                                      |  |       |                |                  |      |  |

|               |  |
|---------------|--|
|               |  |
|               | <b>Employment History</b>              |
| Dates To-From | Employer (Name, address and telephone) |
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### Position Specific Required Training

|     |    |   |
|-----|----|---|
| YES | NO | Complete the DHS/FEMA National US&R Response System GPS Awareness Level course  |
| YES | NO | Meet requirements of NFPA 1670 (2004) Structural Collapse Technician Level  |
| YES | NO | Meet all requirements of NFPA 1670 (2004 Edition) Chapter 9 Section 9.3.5. Operations levels for the specific disciplines defined in Sections 9.3.6 – 9.3.9 are excluded from this requirement.   |
| YES | NO | Shall have experience in structural collapse operations to include participation in field exercise(s) and/or a deployment as a Rescue Specialist (This requirement does not apply to those members rostered as Rescue Squad Officers prior to July 1, 2008) |
| YES | NO | Complete all Technical Rescue Skill Sets  |
|     |    |   |
|     |    |   |

### General Training Requirements

|     |    |  |
|-----|----|--|
| YES | NO | Critical Incident Stress Awareness training                                      |
| YES | NO | IS-100 and IS-200 (or their equivalent), IS-700 and IS-800B online courses       |
| YES | NO | US&R Response System Orientation   |
| YES | NO | First Responder Operations Level for Hazardous Materials (OSHA 29 CFR, 1910.120) |
| YES | NO | Certified in Cardiopulmonary Resuscitation                                       |
| YES | NO | Respiratory protection training per OSHA 29 CFR 1910.134 (k).                    |
| YES | NO | DHS/FEMA National US&R Response System WMD Enhanced Operation                    |
| YES | NO | NFPA 1670 Awareness Level- Confined Space Rescue                                 |
| YES | NO | NFPA 1670 Awareness Level- Water Rescue  |
| YES | NO | NFPA 1670 Awareness Level- Structural Collapse Rescue                            |
| YES | NO | Blood-borne Pathogen training  |



**TRAINING EXERCISES**

Multiple agency USAR Training Exercises – Include year, sponsoring agency, location and duration of the exercise  
(use additional sheets as needed)

| Year | Sponsoring Agency | Location | Duration |
|------|-------------------|----------|----------|
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**SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

Authorized Signature Chief or Agency Head

Date

Printed Signature

Title

**Please email completed application to the MABAS-MI/MI-TF1 PROGRAM DIRECTOR  
at [programmanager@michiganmabas.us](mailto:programmanager@michiganmabas.us)**