



NIAGARA COUNTY
FIRE COORDINATOR &
EMERGENCY SERVICES OFFICE
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JONATHAN SCHULTZ
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Director of Emergency Services

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NIAGARA COUNTY HAZARDOUS MATERIALS INCIDENT TEAM APPLICATION FORM

DATE _____

NAME _____ M/F _____ S.S.# (last 4 digits only) _____
Last First MI

ADDRESS _____

TELEPHONE (Home) _____ IN CASE OF EMERGENCY - CONTACT:
(Work) _____

E-MAIL _____

DRIVER LICENSE # _____

TYPE OF INVOLVEMENT/INTEREST

ADVISORY CAPACITY _____ E.M.S. _____
HANDS-ON _____ OTHER _____

EMPLOYER _____ JOB TITLE _____

ADDRESS _____ CAN YOU RESPOND FROM WORK? Y__ N__
DAY__ NIGHT__ 24-HOUR__
WILL YOU BE PAID? Y__ N__

FIRE DEPARTMENT _____

ADDRESS _____

YEARS IN SERVICE _____ PRESENT DEPARTMENT RANK _____

PREVIOUS DEPARTMENTS OR RANKS _____

**Niagara County Haz-Mat Team
Application**

HAZ-MAT TRAINING OR EDUCATION _____

FIRE SERVICE TRAINING _____

E.M.S. TRAINING _____

DRIVER'S LICENSE CLASS _____

WHAT HEAVY EQUIPMENT CAN YOU OPERATE _____

TOTAL YEARS OF EDUCATION _____ DEGREE (S) _____

OTHER EMPLOYMENT APPLICABLE _____

SCBA EXPERIENCE (TYPES) _____

ENCAPSULATING AND/OR SPLASH SUIT EXPERIENCE (TYPES) _____

**Niagara County Haz-Mat Team
Application**

SPECIAL HOBBIES OR TRAINING APPLICABLE _____

LIST THREE (3) REFERENCES _____

ADDITIONAL INFORMATION OR COMMENTS

GENERAL HEALTH OF APPLICANT _____

SIGNATURE OF APPLICANT

| |
|--------------------------|
| For Official Use Only |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

**NIAGARA COUNTY HAZ-MAT TEAM
INFORMATIONAL SHEET**

Name _____ SS # (last 4 digits only) _____ DOB _____

***** PERSONAL INFORMATION *****

Address _____ Phone No. (H) _____

_____ Phone No. (C) _____

E-Mail _____ Driver Lic. # _____

Fire Department/Employee _____

***** MEDICAL STATUS *****

Medical Clearance _____

Date of Last Physical _____ Physician _____

LHCP _____ Medications _____

Restrictions _____ Allergies _____

Please do not fill out any of the above information if you do not wish to. By signing the bottom of this form you consent to permitting this information on a database for the exclusive use of the Niagara County Haz-Mat Team for emergency use only.

Please give the EMS officer a copy of your current medical status (i.e., Photocopy of Occumed Card)

***** TRAINING INFORMATION *****

Level of Training _____

Please give the training officer a copy of all Haz-Mat related certifications. This includes any training certifications done through Niagara County Emergency Services, fire company drills, outside training agencies, fire academies, and others. If you have any questions, contact the training officer.

***** SIGNATURE *****

Sign _____ Date _____

**NIAGARA COUNTY HAZ-MAT TEAM
INFORMATIONAL SHEET**

NAME: _____

NIAGARA COUNTY FIRE DEPARTMENT: _____

LAST FIT TEST: _____

TYPE OF SCBA USED AT FIRE DEPARTMENT OR WORK: _____

SIZE OF MASK: _____

ANY LIMITATIONS: _____

HIGHEST LEVEL OF SUIT PROTECTION WORN: A B C (CIRCLE ONE)

LAST HAZMAT TECH REFRESHER: _____

EMS TRAINING: _____

WMD TRAINING: _____

CONFINED SPACE TRAINING: _____

HAVE YOU REFRESHED: _____

BLOOD TYPE: _____

ALLERGIES: _____

ARE YOU ALLERGIC TO IODINE: YES _____ NO _____ UNKNOWN _____

THANK YOU FOR TAKING THE TIME TO FILL THIS OUT AND RETURNING TO ME
KEVIN HODGSON, TRAINING OFFICER
NIAGARA COUNTY HAZ-MAT TEAM

(haz-mat/informationalsheet2.doc Est.11/4/04)

**NIAGARA COUNTY HAZ-MAT TEAM
RESPONSE AUTHORIZATION FORM**

FIREFIGHTERS' NAME _____

ADDRESS _____

TELEPHONE (H) _____ **(C)** _____ **(W)** _____

**AS FIRE CHIEF OF THE _____ FIRE COMPANY OR
DEPARTMENT, I HEREBY AUTHORIZE THE ABOVE-NAMED FIREFIGHTER TO RESPOND
TO HAZ-MAT INCIDENTS UNDER THE MUTUAL AID AGREEMENT. I UNDERSTAND
THAT THE RESPONSIBILITY FOR COMPENSATION COVERAGE REMAINS WITH OUR
FIRE COMPANY OR DEPARTMENT.**

SIGNED _____

(chief)