

**Before the Board on Public Safety Standards and Training
of the State of Oregon**

In the matter of the Minimum standards)
for employment relating to color vision) AFFIDAVIT
for Telecommunicator / Emergency Medical Dispatcher)
_____))
(Employee name)

STATE OF OREGON)
County of _____) ss.
(County Name)

I, _____, being first duly sworn on oath,
(Name of Department Head)
hereby depose and say that I am the _____ of the
(Chief/Sheriff/Authorized Representative)
_____; that on the _____ day of
(Name of Agency/Department)
_____, _____, the above-referenced employee,
(Month) (Year)
_____, DPSST # _____, became
employed
(Employee Name)
by this department in the capacity of _____.
(Position Title)

I further depose and say that either:
(a) Said employee has satisfactorily met the color vision standard in OAR 259-008-0011 and can correctly discriminate colors via a field test conducted by the employer; OR
(b) Said employee has demonstrated via a field test that regardless of his/her inability to discriminate colors, he/she is fully able to successfully perform the required tasks of a telecommunicator / emergency medical dispatcher for which color vision would otherwise be required, utilizing all equipment and tools required at this agency.

The results of the field test and the method for testing will be maintained by the employing agency. The applicant understands this endorsement is agency specific and non-transferable toward any future employer, and that a new field test will be required upon any change of employment. (List comments here:)

Pursuant to OAR 259-008-0011 (6) (B), I hereby approve and accept the color vision field test for said employee.

Department Head/Authorized Signature

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of
_____, _____, by
_____.

Notary Public for Oregon