

| | |
|--|--|
| DPSST Office Use Only | |
| Date: _____ | |
| Reviewer: _____ | |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 st Mailing: _____ | |
| 2 nd Mailing: _____ | |

Department of Public Safety Standards and Training

4190 Aumsville Hwy. SE
 Salem, OR 97317
 Phone: (503) 378-2100
 Fax: (503) 378-4600



FIRE SERVICE AGENCY ACCREDITATION

R-1 (REVISED 10/2016)

THIS R-1 FORM MUST BE COMPLETED SOLELY BY THE DISTRICT LIAISON OFFICER

Make appropriate arrangements with the Fire Agency to establish a date and time for the review. At least seven business days prior to the meeting contact DPSST to receive the Agency Profile, Agency Certification History, and Agency Roster; take these documents with you to the review.

Only the DLO, fire chief, training officer, fire agency designee, DPSST Fire Certification Representative, DPSST Fire Training Staff, or fellow DLO should be in attendance of the review. You may NOT bring any outside fire agency staff to the fire agency department accreditation review unless approved by the DPSST Fire Certification Supervisor.

Fire Agency Contact Information

| | | |
|---------------------------------------|----------------------|-------|
| | | |
| Fire Service Agency Name | Date of Review | |
| | | |
| Fire Chief | Primary Phone Number | Email |
| | | |
| Designated Training Officer | Primary Phone Number | Email |
| | | |
| Names and Titles of Members Present | | |
| | | |
| Additional contact information: _____ | | |
| | | |
| | | |

City Manager/District Chair Contact Information

| | | |
|---|----------------------|-------|
| <input type="checkbox"/> City Manager -OR- <input type="checkbox"/> District Chair -OR- <input type="checkbox"/> Other: | | |
| | | |
| Name | Primary Phone Number | Email |
| | | |

Checklist

- Confirm corrective training is offered.
- Confirm agency has at least one certified NFPA Fire Instructor.
- Confirm agency has a pumper conforming to NFPA Standard #1901 [OAR 259-009-0087 (g)].
- Confirm agency has adequate records for maintenance requirements per OAR 259-009-0065 (see below).
- Confirm the training schedule supports maintenance requirements and current accreditation agreement.
- Confirm notification for task performance evaluations.
- Agency has provided a typed Six Month Training Schedule to be submitted with this form.
- Agency has provided an Organizational Chart to be submitted with this form.

OAR Quick Reference

259-009-0065

Maintenance

- (1)(a) The Training Officer must verify that individuals have successfully performed essential functions for each certification through service delivery (see OAR 259-009-0005), task performance (see OAR 259-009-0005), or sufficient education or training hours to verify each member's certification pursuant to OAR 259-009-0065. Any certificate not verified by the agency will be lapsed.
- (b) Verification that maintenance requirements have been completed must be submitted to the Department by December 31st of every even year.
- (2) Maintenance requirements must be demonstrated by completing any combination of one or more of the following:
 - (a) Service Delivery;
 - (b) Task Performance;
 - (c) Education; or
 - (d) Training.
- (3) Operation Track:
 - (a) NFPA Fire Fighter I, NFPA Fire Fighter II, NFPA Driver, NFPA Hazmat First Responder, NFPA Hazmat Technician, NFPA Airport Fire Fighter, NFPA Pumper Operator, NFPA Aerial Operator, NFPA Tiller Operator, NFPA Aircraft Rescue and Firefighting Apparatus Operator, Wildland Fire Apparatus Operator, NFPA Mobile Water Supply Apparatus Operator, NFPA Fire Officer I, NFPA Fire Officer II, Fire Ground Leader, NFPA Rescue Technician (Rope, Water, Vehicle, Confined Space, Structural, Trench), On Scene Incident Command, Wildland Interface (Fire Fighter, Engine Boss, Strike Team Leader, Wildland Interface Division Supervisor), Maritime Operator (Awareness, Deck Hand, Boat Operations, Rescue Boat, Fire Boat) certification levels must complete maintenance requirements for Operation Track.
 - (b) If the Training Officer chooses to verify maintenance requirements through training or education, the maintenance requirements for the Operation Track is 60 hours completed annually.
- (4) Instructor Track
 - (a) Instructor I, II and III certification levels must complete maintenance requirements for Instructor Track.
 - (b) If the Training Officer chooses to verify maintenance requirements through training or education, the maintenance requirements for the Instructor Track is four hours completed annually.
- (5) Prevention/Public Education/Administration Track
 - (a) NFPA Public Fire/Life Safety Educator I, NFPA Public Fire/Life Safety Educator II, Public Fire/Life Safety Educator III, NFPA Public Information Officer, NFPA Juvenile Firesetter Intervention Specialist I, NFPA Juvenile Firesetter Intervention Specialist II, NFPA Fire Officer III, NFPA Fire Officer IV, Investigator, Wildland Investigator, NFPA Fire Inspector I, NFPA Fire Inspector II, NFPA Fire Inspector III certification levels must complete maintenance requirements for Prevention/Public Education/Administration Track.
 - (b) If the Training Officer chooses to verify maintenance requirements through training or education, the maintenance requirement for the Prevention/Public Education/Administration Track is 12 hours completed annually.
- (6) A Fire Service Professional certified and performing duties in more than one track must complete the maintenance requirements for each track.
- (7) A minimum passing score of 70 percent must be achieved for any level of certification that requires completion of a written test.
- (8) Failure to notify the Department that the Fire Service Professional's maintenance requirements have been completed will result in a warning notification letter being sent to the agency head and the Training Officer.
 - (a) A three month extension will be automatically authorized if requested in writing.
 - (b) Failure to complete maintenance requirements and submit the completed appropriate form after the warning notification letter and before the three month extension has expired, will result in the lapse of the Fire Service Professional's certification.
 - (c) Subject to Department approval, re-certification following a lapse may be obtained upon the employing agency submitting the following:
 - (A) A request for re-certification and documentation explaining why the maintenance requirements were not completed or verified; and
 - (B) Verification that the maintenance requirements have been completed and a completed reinstatement form.

The accreditation review team recommends the following levels for department training:

NOTE: In order for the requested levels to be approved on the agency's accreditation agreement the agency must have individuals certified in each level requested. Extensions will not be granted unless specifically arranged with DPSST Fire Certification Staff.

Nationally Recognized or Approved Curriculum

NFPA Fire Fighter (NFPA 1001)

- NFPA Fire Fighter I
- NFPA Fire Fighter II

NFPA Fire Apparatus Driver/Operator (NFPA 1002)

- NFPA Fire Apparatus Driver/Operator (Driver)
- NFPA Apparatus Equipped w/ Fire Pump (Pumper)
- NFPA App. Equipped w/ an Aerial Device (Aerial)
- NFPA Apparatus Equipped with a Tiller (Tiller)
- NFPA Wildland Fire Apparatus
- NFPA Aircraft Rescue & Fire-Fighting Apparatus
- NFPA Mobile Water Supply Apparatus

NFPA Hazardous Materials/WMD (NFPA 472)

- NFPA Hazardous Materials Awareness
- NFPA Hazardous Materials Operations
- NFPA Hazardous Materials Incident Commander
- NFPA Hazardous Materials Technician
- NFPA Hazardous Materials Safety Officer

NFPA Fire Instructor (NFPA 1041)

- NFPA Fire Instructor I

Wildland Interface (NWCG PMS 310-1)

- Firefighter Type 2 (FFT2)
- Firefighter Type 1 (FFT1)
- Single Resource, Engine Boss (ENGB)

Fire Ground Leader (Oregon Specific)

- Fire Ground Leader

NFPA Fire Officer (NFPA 1021)

- NFPA Fire Officer I

NFPA Airport Fire Fighter (NFPA 1003)

- NFPA Airport Fire Fighter

Nationally Recognized or Approved Curriculum

NFPA Technical Rescuer (NFPA 1006)

- NFPA Rope Rescue Operations Level _____
- NFPA Rope Rescue Technician Level _____
- NFPA Confined Space Rescue _____
- NFPA Trench Rescue _____
- NFPA Tower Rescue _____
- NFPA Structural Collapse Rescue _____
- NFPA Vehicle Rescue _____
- NFPA Surface Water Rescue _____
- NFPA Swiftwater Rescue _____
- NFPA Dive Rescue _____
- NFPA Surf Rescue _____
- NFPA Machinery Rescue _____
- NFPA Watercraft Rescue _____

NFPA Marine Fire Fighting for Land Based Fire Fighters I (NFPA 1005)

- NFPA Marine Fire Fighting I _____
- NFPA Marine Fire Fighting II _____

Maritime Fire Service Operator (Oregon Specific)

- Maritime Basic Awareness _____
- Maritime Deck Hand _____
- Maritime Boat Operator _____
- Maritime Rescue Boat Operator _____
- Maritime Fire Boat Operator _____

Other

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Additional Comments: _____

COMPLETE THREE TRAINING FILE REVIEWS

Check records for proof of on-going training and copies of their levels of certification.

Does the fire agency maintain in their records a copy of the task books with JPRs?

YES NO N/A

If NO, the agency must show documentation to support the DPSST Certifications that were granted.

(DO NOT SEND TASKBOOKS TO DPSST FOR EVALUATION)

First Training File Review

| | | | |
|--|---|--------------|--|
| Name: Last, First Middle Initial | | DPSST Fire # | |
| Confirm that the above individual has the following documentation to support certifications: | | | |
| <input type="checkbox"/> | Requisite training | | |
| <input type="checkbox"/> | Course completion (NOCC, completion certificate, transcripts, etc.) | | |
| <input type="checkbox"/> | Task Books with JPRs or Task Performance Evaluations | | |
| <input type="checkbox"/> | Certificate | | |
| Additional Comments: _____ | | | |
| | | | |
| | | | |

Second Training File Review

| | | | |
|--|---|--------------|--|
| Name: Last, First Middle Initial | | DPSST Fire # | |
| Confirm that the above individual has the following documentation to support certifications: | | | |
| <input type="checkbox"/> | Requisite training | | |
| <input type="checkbox"/> | Course completion (NOCC, completion certificate, transcripts, etc.) | | |
| <input type="checkbox"/> | Task Books with JPRs or Task Performance Evaluations | | |
| <input type="checkbox"/> | Certificate | | |
| Additional Comments: _____ | | | |
| | | | |
| | | | |

Third Training File Review

| | |
|--|--------------|
| Name: Last, First Middle Initial | DPSST Fire # |
| Confirm that the above individual has the following documentation to support certifications: | |
| <input type="checkbox"/> Requisite training | |
| <input type="checkbox"/> Course completion (NOCC, completion certificate, transcripts, etc.) | |
| <input type="checkbox"/> Task Books with JPRs or Task Performance Evaluations | |
| <input type="checkbox"/> Certificate | |
| Additional Comments: _____ | |
| _____ | |
| _____ | |

Additional Comments: _____

| | | | |
|-------------------------------|------------------------------|----------------------------------|--|
| Is this agency accreditation: | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Renewal with Change |
|-------------------------------|------------------------------|----------------------------------|--|

ATTEST: I have reviewed this application for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

| | | |
|--|-----------|------|
| District Liaison Officer (Printed Name) | Signature | Date |
|--|-----------|------|

| | | |
|---|-----------|------|
| Agency Authorized Training Representative (Printed Name) | Signature | Date |
|---|-----------|------|

| | | |
|---|-----------|------|
| <i>If applicable –</i> Chief or Agency Authorized Representative (Printed Name) | Signature | Date |
|---|-----------|------|