



West Virginia University Fire Service Extension
West Virginia State Fire Academy
2600 Old Mill Road
Weston, West Virginia 26452



WVU-FSE HAZMAT ENTRY QUESTIONNAIRE

Student Name: _____		Date _____
Pre-Entry Vitals		
Shortness of breath in past 72 hours?	Y/N	
Chest Pain in past 72 hours?	Y/N	
Abdominal pain or nausea in past 72 hours?	Y/N	
New medication within the last 7 days?	Y/N	
Headache or dizziness in the past 72 hours?	Y/N	
Open sores, rash, or sunburn?	Y/N	
Pregnant?	Y/N	
Alcoholic Beverages in the last 6 hours?	Y/N	
Active bleeding?	Y/N	
Blood Pressure Systolic (>150 or Diastolic >100)	Y/N	
Respirations (<24)	Y/N	
Resting Pulse of (>100)	Y/N	
Post-Entry Vitals		
Shortness of breath since donning PPE?	Y/N	
Chest Pain since donning PPE?	Y/N	
Abdominal pain or nausea since donning PPE?	Y/N	
Headache or dizziness since donning PPE?	Y/N	
Any problems encountered while in PPE?	Y/N	
Any possibility of contamination?	Y/N	
Blood Pressure Systolic (>150 or Diastolic >100)	Y/N	
Respirations (<24)	Y/N	
Temp out of norm? Norm=97.0 to 99.5 F	Y/N	
Resting Pulse of (>100)	Y/N	
Post-Entry Vitals 15 minutes later		
Blood Pressure Systolic (>150 or Diastolic >100)	Y/N	
Respirations (<24)	Y/N	
Temp out of norm? (Norm=97.0 to 99.5 F)	Y/N	
Resting Pulse of (>100)	Y/N	

Medic Name: _____

Medic Signature: _____

**WEST VIRGINIA UNIVERSITY FIRE SERVICE EXTENSION
PRACTICAL SKILLS / DRILL SAFETY & ACCOUNTABILITY FORM**

LOCATION: _____ DATE: _____ CLASS #: _____

NAME: _____

DEPARTMENT: _____

EMERGENCY CONTACT: _____

ALLERGIES: _____

KNOWN MEDICAL CONDITIONS: _____

ALERT / ORIENTED	B/P	RESP	PULSE	TEMP	SKIN	TAKEN BY

PPE INSPECTION – ALL PPE TO BE USED IS SUBJECT TO INSPECTION FOR SAFETY

	NFPA 1971 STRUCTURAL ENSEMBLE	NFPA 1981 SCBA INCL CYLINDER	NFPA 1993 CHEM PROTECT CLOTHING	NFPA 1950 TECH RESCUE / WILDLAND / U-I
PASS				
FAIL				
NOTES				

TRAINING (CHECK ALL THAT APPLY)

	SAFETY, E.G. NFPA 1500 OR 29 CFR OR EQUIVALENT		NFPA 1006 / 1670 CORE*
	NFPA 1001/1010 – FF I*		NFPA 1403*
	NFPA 1001/1010 – FF II*		OSHA 1910.134 RESPIRATOR STD*
	DONNING / DOFFING / USE OF AN SCBA*		DONNING / DOFFING CHEM PROT CLOTHING*
	NFPA 472/1072 – HAZ MAT AWARENESS*		DECONTAMINATION PROCEDURES*
	NFPA 472/1072 – HAZ MAT OPERATIONS*		NIMS ICS 100, 200, 700 & 800
	NFPA 472/1072 – HAZ MAT TECHNICIAN*		PROPER USE OF THE PPE TO BE USED
	OSHA 1910.120(q)* AW OPS TECH		PROPER USE OF THE TOOLS/EQUIP TO BE USED
	FIRST AID / CPR*		OTHER TRAINING APPLICABLE TO THE DRILL

By signing below, I, _____, as the student/participant, hereby certify that I have received the training(s) checked above prior to participating in the practical skill(s) evolution(s) being offered. I further certify that all of the above information is true and correct to the best of my knowledge and ability.

Signature: _____ Date: _____

FOR WVU FSE USE ONLY:

I, _____, certify that _____ has received the above training prior to conducting the live fire training being offered. I also certify the above information is true based on the information presented.

Lead Instructor Signature: _____ Date: _____

Safety Officer Signature: _____ Date: _____

**WEST VIRGINIA UNIVERSITY FIRE SERVICE EXTENSION
PRACTICAL SKILLS TRAINING OR DRILL
RECOMMENDED MEDICAL PARAMETERS ACKNOWLEDGMENT**

The information listed below is Intended for use as a guideline for the evaluation of firefighters and/or students during Baseline and Post physical evaluations. The final decision on allowing students and instructors to begin or continue training/participation must be based on the best judgment of the on-site medical personnel according to all the information available in each individual situation. Students and instructors should not be allowed to begin or continue training/participation against medical advice. The Lead Instructor shall insure that medical advice is followed and not override that advice.

1. **Blood Pressure** - diastolic greater than **90** mm Hg or a resting blood pressure of **160/90** mmHg.
2. **Pulse** - nothing greater than **120** beats per minute maximum heart rate.
3. **Respiratory Rate** - nothing over **20** breaths a minute.
4. **Temperature** - oral **100** deg. F, core **100.5** deg, or less than **98.0** deg. F.
5. **Mental Status** - Altered status such as slurred speech, incoherence, clumsiness, or weakness.
6. **Skin** - temperature, color, Injury.

A student or instructor that does not meet these guidelines should be allowed to extend his/her stay in Rehab, and then be reevaluated. If after a reasonable time period, in the opinion of the EMS Officer, these guidelines cannot be met, the student/instructor should be removed from further participation for the remainder of the day and the lead instructor should be notified of this removal

NOTHING IN THIS GUIDANCE IS DESIGNED OR INTENDED TO REPLACE THE JUDGEMENT OF THE ON-SITE MEDICAL PERSONNEL THAT WOULD INDICATE THAT A PERSON IS IN MEDICAL DISTRESS AND IN NEED OF IMMEDIATE TRANSPORT TO A MEDICAL FACILITY. _____ Initial

I UNDERSTAND THAT I AM VOLUNTARILY PARTICPATING IN THIS PRACTICAL SKILLS EVOLUTION, DRILL, AND/OR TRAINING AND THAT WEST VIRGINIA UNIVERSITY FSE HAS TAKEN EVERY REASONABLE STEP TO ENSURE MY SAFETY DURING TODAY’S EVENT(S). IT IS MY RESPONSIBILITY TO NOT ENGAGE IN ANY ACTIVITY(IES) THAT: [a] EXCEED MY LEVEL OF PHYSICAL ABILITY(IES), TRAINING OR COMFORT; [b] REPORT ANY PROBLEMS, CONCERNS OR ISSUES IMMEDIATELY TO THE INSTRUCTOR(S) AND/OR ASSIGNED SAFETY OFFICER(S), AND; [c] FULLY COMPLY WITH AND FOLLOW ALL SAFETY INSTRUCTIONS, GUIDANCE AND MESSAGES GIVEN TO ME. _____ Initial

I understand that personal health information being documented on this form is in compliance with NFPA 1582: *Standard on Comprehensive Occupational Medical Program for Fire Departments, 2018 Edition* as referenced in NFPA 1403: *Standard on Live Fire Training Evolutions, 2018 Edition*. All personal Information gathered on this form will be used for the sole purpose of evaluation for continued participation during Practical skills Training Evolutions. Furthermore, I give the lead Emergency Medical Service Agency and the West Virginia licensed Emergency Medical provider the authority to use my personal Information listed within this form if I become incapacitated and the need for medical transport is required for continuation of care at an approved medical facility. _____ Initial

I understand I have the right to revoke the authority at any time. I understand that if I revoke this authority, I must do so in writing and present my written revocation to the West Virginia University Fire Service Extension. The information contained in this form will be held confidential for a period of not less than 5 years and is not to be shared with any other individuals having interest in my immediate medical condition. I understand the revocation will not apply to information that has already been released in response to this authority. The authorization will expire 30 days from the date listed below. _____ Initial

In accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPPA), I understand that any disclosure of Information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. _____ Initial

Date of Practical Skills Training Evolution(s) or Drill: _____

Printed Name of Student or Participant: _____

Signature of Student or Participant: _____