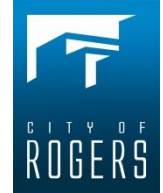




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Ladders:

1. Utilizing an aerial ladder, practice ladder placement for various scenarios. I.e. Roof access, rescue, water deployment
2. Review proper care and use of ground ladders per NFPA 1932
3. Practice various ladder raises and deployments utilizing an extension ladder

Self Contained Breathing apparatus

1. Utilize the Buddy Breathing System on front line SCOTT air packs in a simulated pack failure scenario
2. Review SOP 305 Self Contained Breathing Apparatus

Fire Fighter Safety and Survival

1. Utilizing full PPE, advance a handline into an upper floor window in the training tower and proceed to the ground floor to simulate an attack on a basement fire. Simulate an air pack failure of a member, and utilizing the equipment with you, self rescue your crew back up the stairs and out the window you entered. Also practice proper MAYDAY procedures per SOP 507 Rapid Intervention and Survival.

Fire Suppression

1. Utilizing ground ladders, enter an upper floor of the training tower and simulate an attack on a basement fire
2. Practice various search and rescue techniques, including VEIS drills.

Core

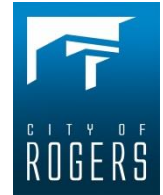
1. Review SOP 616 Water and Ice Rescue
2. Utilizing the attached form, research all of the listed chemicals using an ERG, Niosh Guide or internet resources and complete the form

SOP Review

1. Go to this link and complete the quiz as a company (Login info is email and State EMT number as password)
<http://www.proprofs.com/classroom/?ID=1221154>



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CHEMICAL/SUBSTANCE(S) INVOLVED: _____ IDLH: _____

PRODUCT INFORMATION

CHEMICAL NAME:	UN#
SHIPPING NAME:	STCC#
AMOUNT RELEASED:	HAZARD CLASS:
PHYSICAL STATE:	RELEASE POTENTIAL:

CHEMICAL PROPERTIES

FLASHPOINT:	MELTING POINT:	BOILING POINT
VAPOR DENSITY:	VAPOR PRESSURE:	IGNITION TEMP:
LEL/UEL:	pH:	IP:
SPECIFIC GRAVITY:	WATER SOLUBLE:	MOLECULAR WEIGHT:

TOXICOLOGICAL HAZARDS

INHALATION: YES <input type="radio"/> NO <input type="radio"/>	CARCINOGENIC: YES <input type="radio"/> NO <input type="radio"/>
INGESTION: YES <input type="radio"/> NO <input type="radio"/>	TERATOGENIC: YES <input type="radio"/> NO <input type="radio"/>
SKIN/EYES: YES <input type="radio"/> NO <input type="radio"/>	MUTAGENIC: YES <input type="radio"/> NO <input type="radio"/>
OTHER: YES <input type="radio"/> NO <input type="radio"/>	AQUATIC: YES <input type="radio"/> NO <input type="radio"/>

REACTIVITY

WATER: YES <input type="radio"/> NO <input type="radio"/>	OTHER: YES <input type="radio"/> NO <input type="radio"/>
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RADIOACTIVITY

BACKGROUND: mR	BETA: mR
ALPHA: mR	GAMMA: mR

PERSONAL PROTECTIVE EQUIPMENT

ENTRY: LEVEL A <input type="radio"/> LEVEL B <input type="radio"/> LEVEL C <input type="radio"/>	DECON: LEVEL A <input type="radio"/> LEVEL B <input type="radio"/> LEVEL C <input type="radio"/>
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EXCLUSION ZONES

HOT ZONE: FT.	WARM ZONE: FT.	COLD ZONE: FT.
DOWN WIND: FT.	ALL DIRECTIONS: FT.	INITIAL: FT.