MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Technical Rescue Team

Please use this form to document your SRT Technical Rescue Team training for the current calendar year. Once complete, please submit your form to the SRT Office. Forms can be emailed to admin@srtillinois.org, faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. <u>FORMS MUST BE TYPED (except for signatures) AND MUST BE RECEIVED BY THE SRT OFFICE NO LATER THAN 5:00 PM ON TUESDAY, JANUARY 7, 2025.</u>

Name: _____   Calendar Year: _____

Department/District: _____

Email Address: _____

** SRT Technical Rescue Team members are required to attend/complete eight trainings annually **
with a minimum of six trainings being SRT Technical Rescue Team trainings.

☐ Check this box if you joined the team mid-year or were out on a leave of absence for any part of the year.

If you checked the box above, please look at the SRT Technical Rescue Team Spreadsheet to determine your required number of SRT trainings and total trainings for this calendar year. The SRT Technical Rescue Team Training Spreadsheet is available on the SRT website at www.srtillinois.org by going to ADMIN > Training Information. Document your training requirements for this calendar year below:

Total Trainings Required: _____   Total SRT Trainings Required: _____

CONFINED SPACE TRAININGS (2 REQUIRED)

SRT Technical Rescue Team members must attend/complete two confined space trainings annually. Please make sure to check the appropriate box for each training, indicating whether it was an SRT or department/other training.

	DATE OF TRAINING	LOCATION OF TRAINING	SRT		Dept./Other
(1)	_____	_____	☐	OR	☐
(2)	_____	_____	☐	OR	☐

ROPE RESCUE TRAININGS (2 REQUIRED)

SRT Technical Rescue Team members must attend/complete two rope rescue trainings annually. Please make sure to check the appropriate box for each training, indicating whether it was an SRT or department/other training.

	DATE OF TRAINING	LOCATION OF TRAINING	SRT		Dept./Other
(1)	_____	_____	☐	OR	☐
(2)	_____	_____	☐	OR	☐

STRUCTURAL COLLAPSE TRAININGS (2 REQUIRED)

SRT Technical Rescue Team members must attend/complete two structural collapse trainings annually. Please make sure to check the appropriate box for each training, indicating whether it was an SRT or department/other training.

	DATE OF TRAINING	LOCATION OF TRAINING	SRT		Dept./Other
(1)	_____	_____	☐	OR	☐
(2)	_____	_____	☐	OR	☐

TRENCH TRAININGS (2 REQUIRED)

SRT Technical Rescue Team members must attend/complete two trench trainings annually. Please make sure to check the appropriate box for each training, indicating whether it was an SRT or department/other training.

	DATE OF TRAINING	LOCATION OF TRAINING	SRT		Dept./Other
(1)	_____	_____	☐	OR	☐
(2)	_____	_____	☐	OR	☐

DATE ATTENDED INVENTORY: _____

DATE OF FIT TEST: _____

I, the above named SRT Technical Rescue Team Member, certify that I have read and agree to follow the standards and guidelines set forth in the current SRT Technical Rescue Team SOG (Standard Operating Guidelines), dated June 4, 2024.

SRT Technical Rescue Team Member Signature: _____

I, the above named SRT Technical Rescue Team Member's Fire Chief, certify that (1) this individual has my permission to participate in all activities related to their SRT Technical Rescue Team membership and (2) that he/ she is physically able to the perform the duties required to be a member of the SRT Technical Rescue Team.

Fire Chief Signature: _____

☐ To request a training exception for this year, please check this box and attach to this form a letter/memo from your Fire Chief. The letter/memo should be addressed to the SRT Chief Administrative Officer and outline the reasons and/or extenuating circumstances that your Fire Chief feels should be taken into consideration when reviewing your request. Training exceptions will be considered by the MABAS Operations Chiefs on a case by case basis.

ADMINISTRATION USE ONLY

Received:	Date: _____	By: _____			
Team Leader Approval:	Date: _____	By: _____	☐App	☐N/App	
Ops Chief Approval:	Date: _____	By: _____	☐App	☐N/App	
Processed:	Date: _____	By: _____			