



MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Hazardous Materials Team

Please use this form to document your SRT Hazardous Materials Team training for the current calendar year. Once complete, please submit your form to the SRT Office. Forms can be emailed to cloomis@srillinois.org, faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. **FORMS MUST BE TYPED (except for signatures) AND MUST BE RECEIVED BY THE SRT OFFICE NO LATER THAN 5:00 PM ON THUR., JANUARY 6, 2022.**

Name: _____ Calendar Year: _____

Department/District: _____

Email Address: _____

**** SRT Hazardous Materials Team members are required to complete 40 hours of training annually, **
with a minimum of 24 hours occurring during SRT Hazardous Materials 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 Hazardous Materials Team Spreadsheet to determine your required number of SRT training hours and total hours for this calendar year. The SRT Hazardous Materials Team Training Spreadsheet is available on the SRT website at www.srillinois.org by going to ADMIN > Training Information. Document your training hour requirements for this calendar year below:

Total Hours Required: _____ Total SRT Hours Required: _____

SRT HAZARDOUS MATERIALS TEAM TRAINING HOURS (MINIMUM 24)

SRT Hazardous Materials Team members must attend/complete a minimum of 24 hours of SRT Hazardous Materials Team trainings. Only trainings listed on the SRT Training Calendar and SRT Hazardous Materials Team Training Spreadsheet are considered SRT Hazardous Materials Team trainings.

<u>DATE OF TRAINING</u>	<u>LOCATION OF TRAINING</u>	<u>HOURS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____



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DEPARTMENT/OTHER TRAINING HOURS (MAXIMUM 16)

SRT Hazardous Materials Team members can count a maximum of 16 department/other hazardous materials training hours toward their required 40 total hours.

<u>DATE OF TRAINING</u>	<u>LOCATION OF TRAINING</u>	<u>TRAINING TOPIC</u>	<u>HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE ATTENDED INVENTORY: _____ DATE COMPLETED SUIT DRILL: _____
 DATE ATTENDED COUNTYWIDE: _____
 DATE OF ANNUAL PHYSICAL: _____ DATE OF FIT TEST: _____

I, the above named SRT Hazardous Materials Team Member, certify that I have read and agree to follow the standards and guidelines set forth in the current SRT Hazardous Materials Team SOG (Standard Operating Guidelines), dated July 19, 2021.

SRT Hazardous Materials Team Member Signature: _____

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