

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 admin@srtillinois.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 TUESDAY, JANUARY 7, 2025. 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.srtillinois.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. DATE OF TRAINING LOCATION OF TRAINING **HOURS**

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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. DATE OF TRAINING **LOCATION OF TRAINING** TRAINING TOPIC **HOURS** <u>DATE COMPLETED SUIT DRILL:</u> <u>DATE ATTENDED INVENTORY:</u> 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 June 4, 2024. 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 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:** App Date: By: □ N/App **Ops Chief Approval:** Date: By: App N/App Date: **Processed:** By:

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