



MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Hazardous Materials Team

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 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: Date: _____ By: _____ App N/App
Ops Chief Approval: Date: _____ By: _____ App N/App
Processed: Date: _____ By: _____