



MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Hazardous Materials Team **2025**

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 or faxed to (866) 560-5538. **FORMS MUST BE TYPED (except for signatures) AND MUST BE RECEIVED BY THE SRT OFFICE NO LATER THAN 5:00 PM ON TUESDAY, JANUARY 6, 2026.**

Name: _____

Department/District:

Email Address:

**** SRT Hazardous Materials Team members are required to complete Eight (8) trainings annually, **
with a minimum of Six (6) 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 credits and total credits 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 requirements for this calendar year below:

Total Credits Required: _____ Total SRT Credits Required: _____

SRT HAZARDOUS MATERIALS TEAM TRAINING CREDITS (MINIMUM 6)

SRT Hazardous Materials Team members must attend/complete a minimum of Six (6) 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

CREDIT



MABAS DIVISIONS 4 & 5 SRT

End of Year Training Form - Hazardous Materials Team

DEPARTMENT/OTHER TRAINING

SRT Hazardous Materials Team members can count department/other hazardous materials training toward the required training sessions (credits).

DATE ATTENDED INVENTORY: _____ DATE COMPLETED SUIT DRILL 1: _____
DATE ATTENDED COUNTYWIDE: _____ DATE COMPLETED SUIT DRILL 2: _____
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 (Updated 2/4/25).

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 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.

<u>SRT ADMINISTRATION USE ONLY</u>			
<u>Received:</u>	Date: _____	By: _____	
<u>Processed:</u>	Date: _____	By: _____	<input type="checkbox"/> App <input type="checkbox"/> N/App