



MABAS DIVISIONS 4 & 5 SRT

New Member Application Form - Hazardous Materials Team

To apply to join the SRT Hazardous Materials Team, please complete this form in its entirety and submit it to the SRT Administrative Coordinator. Application forms can be emailed to cloomis@srillinois.org, faxed to (866) 560-5538 or mailed to 20 W. North Street, Hainesville, IL 60030. APPLICATION FORMS MUST BE TYPED.

Name: _____ Date: _____

Department/District: _____

Dept/Dist Address: _____

City: _____ State: _____ Zip Code: _____

Dept/DistPhone: _____ Dept/Dist Fax: _____

Cell Phone: _____ Cell Phone Carrier: _____

Email Address: _____

MEMBERSHIP REQUIREMENTS

Individuals who wish to join the SRT Hazardous Materials Team, must be certified in Hazardous Materials Operations, Technician A, Technician B and [Hazardous Materials Incident Management System](#). They must also have completed a team entry physical/medical evaluation, which shall serve as a baseline in the event of an emergency, and a fit test.

Please provide us with the following requested information regarding your relevant classes/certifications, and attach copies of the certifications to this form:

<u>COURSE</u>	<u>COMPLETION DATE</u>	<u>CERTIFYING AGENCY</u>
HazMat Operations*	_____	_____
HazMat Technician* **	_____	_____
Technician A* ***	_____	_____
Technician B* ***	_____	_____
HazMat IMS *	_____	_____

Special Skills / Other Courses:

Entry Physical Date* _____ Fit Test Date* _____

* Required to join the team. / *** Applicants must have EITHER HazMat Technician OR Technician A & Technician B.



MABAS DIVISIONS 4 & 5 SRT

New Member Application Form - Hazardous Materials Team

Name: _____

Date: _____

AUTHORIZATION & ANNUAL TRAINING REQUIREMENTS

The above named individual has been authorized by his/her fire department/district to join the MABAS Divisions 4 & 5 SRT Hazardous Materials Team. The individual acknowledges and understands that he/she is responsible for following the Standard Operating Guidelines of the SRT Hazardous Materials Team, available on the SRT website.

The individual and the fire department/district understand that it is their collective responsibility to maintain all required certifications, training records and medical/fit for duty records pertaining to the individual's membership with the SRT Hazardous Materials Team. The individual and fire department/district also acknowledge that all SRT Hazardous Materials Team members must complete the following each year to remain on the team's roster:

1. Attend/complete 40 hours of hazardous materials training as follows:
 - a. A minimum of 24 hours must be SRT Hazardous Materials Team trainings.**
 - b. A maximum of 16 hours of department/other hazardous materials trainings will be accepted (with the approval of one of the SRT Hazardous Materials Team Leaders). Other training shall include, but not be limited to, team meetings, Target Solutions training, department training, outside classes and training conducted with Level A Hazardous Materials Teams in other MABAS divisions.
 - c. SRT Hazardous Materials Team training credit will be given to members who respond to and participate in operations during an SRT Hazardous Materials Team Response (with the approval of one of the SRT Hazardous Materials Team Leaders). Individuals will receive a half hour of credit for every hour spent at an incident.
2. Attend one SRT Hazardous Materials Team inventory.
3. Attend one SRT Hazardous Materials Team countywide drill.
4. Complete one suit drill in Level A chemical protective clothing. The suit drill must be completed with the SRT Hazardous Materials Team either during an SRT Hazardous Materials Team training/drill or a response.
5. Complete an annual physical/medical evaluation and fit test, signed off on by their fire chief.

**Note: In order for a training to be considered an SRT Hazardous Materials Team training, it must be listed on the SRT Training Calendar, located on the SRT website at www.srtillinois.org.

Applicant Signature: _____

Fire Chief Signature: _____

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: _____