

MORRIS COUNTY FIRE ACADEMY

FF1 CLASS REQUIREMENTS

- All recruits must attend the Orientation which is one week prior to the start of class.
- All recruits must attend the CPAC Agility Course session the Saturday prior to their first day of class.
- All recruits are required to have the following documents submitted prior to their first day.
 - SCBA Fit test
 - Social Security Number
 - PEOSHA Respiratory Clearance form (just the doctor's sign off form not the entire questionnaire).
 - Emergency Contact form
 - Academic Information Sharing form
 - T shirt order – completed on line at ATM clothing (web address is on our web site)
 - Jr. Recruits Only – Parental Approval form
 - FEMA ICS-100.C and IS-700.B are to be completed on line at the FEMA web site and submitted by the first day of class. <https://training.fema.gov/>
 - BBP & CPR is to be completed by each recruit and submitted to the academy before a FF1 certification will be issued. We have four BBP/CPR classes scheduled throughout the year here at the academy or they can complete it elsewhere.
- Recruits can only miss three sessions.
- The Academy is working on a "Fit for Duty" form that must be completed by a physician prior to recruit attending class. Once this is in place we will notify everyone.
- **Only Chief Officers can register recruits for classes. Please place chiefs email & phone number on the form.**
- Billing will be sent out toward the end of class.
- Full PPE is required from the second day of class / every day until class ends. If possible please bring a second SCBA cylinder.

Chief Louis Pepe

County of Morris / Asst. Fire Marshal & Fire Training Coordinator

973-285-2944 Office

Lpepe@co.morris.nj.us

**MORRIS COUNTY PUBLIC SAFETY TRAINING ACADEMY
FIRE DIVISION SHIRT ORDER INFORMATION**

Junior Firefighter / Firefighter 1 Shirts: Red; Academy logo on the front in gold, "RECRUIT" on rear in gold.

Firefighter 2 Shirts: Navy; Academy logo on the front in gold, "FIREFIGHTER II" on rear in gold

Your order must be submitted to ATM no later than two weeks before the orientation date for your class.

Order at: www.atmprintme.com

See drop down menu at top of page "MCFA Clothing"

Pay Pal and all major credit cards are accepted for on-line shopping ease.

Shirts will be delivered to the Academy and will be handed out at the mandatory orientation.

Firefighter 1 Classes: 1901, 1902, 1905, 1908

Junior Firefighter Classes: 1906, 1907

Firefighter 2 Classes: 1921, 1924.

If you have any questions please contact ATM directly at:

Email: sales@atmprintme.com

Phone: (973) 884-1511

Reminder: Academy rules require that you are in Academy uniform for every session: Academy Shirt, Dark Blue Station Pants (Non-BDU Style), Black Boots or Shoes, Black socks and a Black Uniform Belt.

**Morris County Public Safety Training Academy
ENROLLMENT CARD**

SS# ____/____/____

RANK: _____

NAME: _____

DEPT: _____

COURSE TITLE: _____

Start Date: _____ **End Date:** _____

Pass ☐

Failed ☐

Makeup-Required ☐

Morris County Public Safety Training Academy

Student Contact and Emergency Notification Information Sheet

PRINT NEATLY

(Form will be returned if not legible)

Name: _____ DOB: ____ / ____ / ____

Department: _____

Course Name: _____ Class Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____@_____._____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Emergency Contact

Name: _____ Relation: _____

Contact Phone Number: (____) _____ - _____

Name: _____ Relation: _____

Contact Phone Number: (____) _____ - _____

Name: _____ Relation: _____

Contact Phone Number: (____) _____ - _____

COUNTY OF MORRIS
DEPARTMENT OF LAW & PUBLIC SAFETY
PUBLIC SAFETY TRAINING ACADEMY

Board of Chosen Freeholders

Director

Douglas R. Cabana

Deputy Director

John Cesaro

Heather Darling

Kathryn A. DeFillippo

Thomas J. Mastrangelo

Christine Myers

Deborah Smith

P.O. Box 900

Morristown, New Jersey 07963-0900



County Administrator

John Bonanni

Director of Law & Public Safety

Scott DiGiralomo

Academy Director

Daniel H. Colucci

973-285-2979

Fax 973-285-2971

ACKNOWLEDGEMENT

Be advised that the undersigned acknowledges receipt of the Morris County Public Safety Training Academy – Fire Division Student Rules and Regulations.

Failure to follow the Rules and Regulations will result in disciplinary action.

Name: _____

Signature: _____

Department: _____

Date: _____

MORRIS COUNTY PUBLIC SAFETY TRAINING ACADEMY

ACADEMIC INFORMATION SHARING

(Please Print Legibly)

Your Name: _____

Class Number: _____

Your Department Name: _____

I hereby give permission for the Fire Training Coordinator or his designee to speak with the Chief of my Department, or his/her designee concerning the following:

- Academic Progress
- Skills/Physical Abilities Progress
- Class Participation
- Completion of any Academic Work including but not limited to:
 - Quizzes
 - Tests
 - State Exams
 - Practical Skills Examinations
 - Workbook Completion

The Academy hereby acknowledges that it will not discuss any matters of a protected nature, including but not limited to learning or physical disabilities, and/or the specific nature of any illness or injury incurred during Academy Training.

Signed

Date

New Jersey Department of Health
PEOSH Unit

FIREFIGHTER RESPIRATOR FIT TEST RECORD

Date of Fit Test										
Name of Firefighter										
SCBA Manufacturer	Model	NIOSH Approval Number								
Facepiece Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large										
Conditions which could affect respirator fit: <table border="0"><tr><td><input type="checkbox"/> Clean Shaven</td><td><input type="checkbox"/> Facial Scar</td></tr><tr><td><input type="checkbox"/> 1-2 Day Beard Growth</td><td><input type="checkbox"/> Glasses</td></tr><tr><td><input type="checkbox"/> 2+ Day Growth</td><td><input type="checkbox"/> Dentures Absent</td></tr><tr><td><input type="checkbox"/> Mustache</td><td></td></tr></table>			<input type="checkbox"/> Clean Shaven	<input type="checkbox"/> Facial Scar	<input type="checkbox"/> 1-2 Day Beard Growth	<input type="checkbox"/> Glasses	<input type="checkbox"/> 2+ Day Growth	<input type="checkbox"/> Dentures Absent	<input type="checkbox"/> Mustache	
<input type="checkbox"/> Clean Shaven	<input type="checkbox"/> Facial Scar									
<input type="checkbox"/> 1-2 Day Beard Growth	<input type="checkbox"/> Glasses									
<input type="checkbox"/> 2+ Day Growth	<input type="checkbox"/> Dentures Absent									
<input type="checkbox"/> Mustache										
Comments										
Fit Test Protocol Used	<input type="checkbox"/> Pass <input type="checkbox"/> Fail									
Comments										
Test Conducted By (Print)										
Signature	Date									
Employee Acknowledgment of Test Results										
Employee Name (Print)										
Employee Signature	Date									

NOTE: Appendix A of the PEOSH Respiratory Protection Standard contains all the mandatory fit test protocols. Appendix G of this document contains the PEOSH Respiratory Protection Standard. One of those protocols must be used.

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973-285-2979

Fax 973-285-2971

Dear Department Chief:

Each firefighter or junior firefighter candidate who is expected to wear a respirator is required by law¹ to have completed an OSHA Respirator Medical Evaluation Questionnaire and to have been cleared to wear a respirator by a medical professional. During the course of training, the candidate will be expected to wear a Self Contained Breathing Apparatus (SCBA). Each firefighter candidate is also required to be fit-tested to the type and size mask that is appropriate to him or her.

As such the Academy is requiring that the attached OSHA Respiratory Clearance Certification be completed and that the firefighter candidate brings it with them to the mandatory orientation for their class. Additionally a copy of the candidate's fit-test record should accompany this paperwork.

Your candidate will not be allowed to participate in any task that requires the use of an SCBA until this paperwork has been received by the Academy. This will result in their being removed from the class.

If you have any questions regarding this matter please contact Fire Training Coordinator Louis Pepe.

Sincerely,

DANIEL H. COLUCCI

Academy Director

**Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire
(Mandatory)**

To the employer:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (_____) _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

a. Seizures: Yes/No

b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath: Yes/No

- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you *ever had* any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you *currently* take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures: Yes/No

8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

- a. Wear contact lenses: Yes/No

b. Wear glasses: Yes/No

c. Color blind: Yes/No

d. Any other eye or vision problem: Yes/No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?

a. Difficulty hearing: Yes/No

b. Wear a hearing aid: Yes/No

c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes/No

b. Back pain: Yes/No

c. Difficulty fully moving your arms and legs: Yes/No

d. Pain or stiffness when you lean forward or backward at the waist: Yes/No

e. Difficulty fully moving your head up or down: Yes/No

f. Difficulty fully moving your head side to side: Yes/No

g. Difficulty bending at your knees: Yes/No

h. Difficulty squatting to the ground: Yes/No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No

j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes/No

b. Silica (*e.g.*, in sandblasting): Yes/No

c. Tungsten/cobalt (*e.g.*, grinding or welding this material): Yes/No

d. Beryllium: Yes/No

e. Aluminum: Yes/No

f. Coal (for example, mining): Yes/No

g. Iron: Yes/No

h. Tin: Yes/No

i. Dusty environments: Yes/No

j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic;

standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]

Morris County Public Safety Training Academy
PO Box 900
Morristown, New Jersey 07963-0900

OSHA Respiratory Clearance Certification

Recruit Name (Printed): _____

Recruit Department (Printed): _____

To Be Completed By Healthcare Provider

I have reviewed the **OSHA Respirator Medical Evaluation Questionnaire** provided to me by the above recruit and I have determined that he/she is medically fit to wear a Self Contained Breathing Apparatus (SCBA) while performing the duties of Firefighter Recruit, without limitations.

Healthcare Provider Name (Printed): _____

Practice / Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Signature: _____

Date: _____

Admin Use Only

Received by Academy Date: _____