RHODE ISLAND FIRE ACADEMY

TECHNICAL RESCUE PROGRAMS

NFPA 1006 CONFINED SPACE TECHNICIAN - PRO BOARD

DATES?

MAY 1-5 2023

WHERE?

Rhode Island Fire Academy
4 Green Lane, Exeter, RI

DETAILS

Course Length: 5 days (40 hours)
Times: 0830-1630
Dates: MAY 1-5
Cost: $100 (Partially Grant Funded)
Class Size: 18

COURSE DESCRIPTION

This program will provide you with extensive time working in and around a confined space environment, giving skills and confidence needed to handle technician level rescues. This 5-day program includes 4 days of instruction and one day of written & skill evaluation. Topic areas include: confined space entry & rescue operations, code of federal regulations, hazard identification & control, atmospheric monitoring, PPE, phases of confined space rescue, equipments, knots and systems, permitting & communications as addressed in OSHA & NFPA 1006 (2021ed.)

PREREQUISITES

- **Rhode Island fire service member.**
- **Completed "RIFA Accident Waiver and Release of Liability Form."**
- **-Pro Board Rope Rescuer 1 certificate**

PPE REQUIREMENTS

- ***Rescue style helmet***
- ***Work boots***
- ***Clean, leather palm gloves***
- ***Eye and ear protection***

This course prepares students for Pro Board certification exam for Confined Space Rescuer. After successful completion of this program, student's may participate in the Pro Board certification exam conducted the last scheduled day of the program. Confined Space Rescuer is an in-depth program focused on mastery level skills for confined space rescue in accorance with NFPA 1006.

HOW TO REGISTER

Complete RIFA registration form and send department check, money order or bank check payable to the State of Rhode Island to:

RIFA
4 Green Lane
Exeter, Rhode Island 02822

Breanna.Palazzo@dbr.ri.gov

(401) 667-3777

Confined Space Entry and Rescue Manual by CMC Rescue, Inc (Second Edition) for written exam. Limited quantitity of books available at academy. First come first serve.

Office of the State Fire Marshal
State Fire Training Academy
4 Green Lane, Exeter, RI 02822
Tel: (401) 294-5417

STUDENT REGISTRATION FORM

PERSONAL INFORMATION – (Please print clearly)

Date of Birth: _____

Name: _____ Last 4 digits of Social Security No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Night Telephone: _____

E-mail (REQUIRED): _____

Department: _____

PROGRAM INFORMATION

Program Requested: _____

Location: _____ Date: _____

No application will be accepted without authorized signature and proof of prerequisite if needed.

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Rhode Island Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.

Signature of Applicant: _____ **Date:** _____

Please check box if applicable ☐ Retired

*** If you are retired a fire academy liability waiver must be signed and attached. Chief or supervisor's signature (below) is not required.**

I certify that the listed applicant is a member of our fire department/agency and is covered by my organization's Worker's Compensation insurance while participating in such training, and that the Fire Education and Training Coordinating Board, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration.

Chief or Supervisor Signature: _____ **Date:** _____

Rhode Island Fire Academy

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

In consideration of participation in the Rhode Island Fire Academy, I understand and agree to the following:

1. The Candidate understands and recognizes that fire and safety training involve a degree of physical exercise and physical contact, certain inherent risks and dangers, which could result in physical and emotional injury, disability or death.

2. The Candidate warrants, represents and certifies that he/she is mentally and physically capable of participating in the Fire Academy, has sufficiently prepared or trained for participation, and has not been advised to not participate by a qualified medical professional. The Candidate warrants, represents and certifies that he/she does not suffer from a chronic/acute problem of the neck, back, wrist, knee, heart or muscular system, or any other medical condition which could otherwise be made worse by participation in the Rhode Island Fire Academy.

3. The Candidate consents to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the training.

4. The Candidate hereby waives all claims, releases, indemnifies and holds harmless the State of Rhode Island and all its officials, officers, agents, and employees in both their public and private capacities, from any and all liability, claims, suits, demands, expenses of litigation, or causes of action which may arise by reason of injury to persons or loss of, damage to or loss of use of any property occasioned by error, omission, or negligent act of the Candidate or any other persons with regard to this Agreement.

5. The Candidate hereby agrees to indemnify, defend and hold harmless the State of Rhode Island and all its officials, officers, agents and employees in both their public and private capacities, from and against any and all claims, losses, damages, causes of action, suits, and liability of any kind, including all expenses of litigation, including but not limited to court costs and attorney fees for death or injury, or loss of, damage to, or loss of use of any property arising out of or in connection with this Agreement.

6. The Candidate intends that this Agreement shall be effective and binding upon his/her heirs, next of kin, executors, administrators and assigns in the event of my death.

7. The Candidate is at least 18 years old at the time of participation.

I, the undersigned, have carefully read this Agreement in its entirety and fully understand all its terms. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify the State of Rhode Island. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on _____in the State of Rhode Island.

_____
Signature

_____
Please print name

WITNESSES:

_____

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