

OFFICE OF
FULTON COUNTY
CIVIL DEFENSE & FIRE COORDINATOR

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Johnstown, NY 12095

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Civil Defense Director/Fire Coordinator

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Firefighter Accountability Tag Authorization Form

Firefighter Information

Last Name _____ First _____ MI _____

Address _____ City _____ State _____

Phone (H) (____) _____ Phone (C) (____) _____ Zip Code _____

Fire Chief Authorization

Fire Department _____ FDID# _____ DATE _____

Accountability Tag Requested:

() Scene Support Member () Exterior Firefighter () Interior Firefighter

Please Check YES or NO for the following 4 Questions

1. The Firefighter listed above meets the training and qualification criteria contained in the FULTON COUNTY FIRE SERVICE MUTUAL AID PLAN, Attachment D, Firefighter Classification System, for the type of Accountability tag being requested. () YES () NO
2. The Firefighter listed above has medical clearance to use Self Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R part 1910.134 () YES () NO
3. The Firefighter listed above is authorized to use SCBA and participate in interior / exterior firefighting evolutions / operations () YES () NO
4. The Firefighter listed above has been Fit-Tested for the SCBA to be used () YES () NO

** If you cannot answer the questions above because you do not know the requirement of 29 C.F.R. Part 1910 or whether the firefighter listed above is authorized to use SCBA, please contact your County Fire Coordinator or OFPC.

Chiefs Signature _____ Print Name _____