

FRANKLIN COUNTY FIRE-TRAX ACCOUNTABILITY SYSTEM

*ID# (First Initial & Last Initial Followed by Last Four # of SS #) _____

*PRIMARY DEPARTMENT (affiliation) _____

CERTIFICATION# or CALL SIGN (RACES) _____

*Last Name _____ First Name _____

Rank (if applicable) _____ *DOB _____

INITIAL DATE OF EMPLOYMENT OR VOLUNTEER _____

ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT TELEPHONE NUMBER _____

ALLERGIES:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

MEDICATIONS:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

NORMAL BLOOD PRESSURE _____ RESTING HEART RATE _____

BLOOD TYPE _____ GENDER: MALE ___ FEMALE ___ ORGAN DONOR Y___ NO___

MEDICAL HISTORY (key information, optional)

I HEREBY AUTHORIZE THE DEPARTMENT OF EMERGENCY SERVICES AND OTHER NECESSARY MEDICAL PERSONNEL TO VIEW MY MEDICAL INFORMATION.

SIGNED BY: _____ DATE: _____

FRANKLIN COUNTY FIRE-TRAX ACCOUNTABILITY SYSTEM

Certifications are broken down into disciplines. The certifications you check must be state or nationally certified and you must be able to show a certificate to verify upon request.

Emergency Management

- | | |
|--|---|
| <input type="checkbox"/> COUNTY ELECTED OFFICIAL | <input type="checkbox"/> COUNTY EMA/STAFF |
| <input type="checkbox"/> BOROUGH ELECTED OFFICIAL | <input type="checkbox"/> LOCAL EMA/STAFF |
| <input type="checkbox"/> TOWNSHIP ELECTED OFFICIAL | <input type="checkbox"/> L. E. P. C. |

Emergency Medical Services

- | | |
|---|--|
| <input type="checkbox"/> BLOOD BORNE PATHOGENS | <input type="checkbox"/> CPR/AED |
| <input type="checkbox"/> EMERGENCY MEDICAL TECH-B | <input type="checkbox"/> FIRST RESPONDER |
| <input type="checkbox"/> PARAMEDIC | <input type="checkbox"/> EMS STRIKE TEAM |
| <input type="checkbox"/> TACTICAL EMS (POLICE SWAT) | |

FIRE

- | | |
|---|---|
| <input type="checkbox"/> APPARATUS DRIVER | <input type="checkbox"/> ENGINE COMPANY OPS |
| <input type="checkbox"/> ESSENTIALS OF F/F | <input type="checkbox"/> E. V. O. C. |
| <input type="checkbox"/> FIRE INVESTIGATOR | <input type="checkbox"/> FIREFIGHTER 1, 2, 3
(circle one) |
| <input type="checkbox"/> FIRE OFFICER I, II, III, IV (circle one) | <input type="checkbox"/> FIRE POLICE |
| <input type="checkbox"/> HAZ-MAT AWARENESS | <input type="checkbox"/> HAZ-MAT OPERATIONS |
| <input type="checkbox"/> HAZ-MAT TECHNICIAN | <input type="checkbox"/> INCIDENT COMMAND |
| <input type="checkbox"/> FIRE INSTRUCTOR | <input type="checkbox"/> N. I. M. S. |
| <input type="checkbox"/> RAPID INTERVENTION TEAM | <input type="checkbox"/> TRUCK COMPANY OPS |
| <input type="checkbox"/> WILDLAND FIREFIGHTING | <input type="checkbox"/> WILDLAND FIRE OFFICER I,
II, III (circle one) |

POLICE

- | | |
|---|---|
| <input type="checkbox"/> ACT 120 TRAINED | <input type="checkbox"/> DETECTIVE |
| <input type="checkbox"/> EXPLOSIVE EXPERT | <input type="checkbox"/> K-9 HANDLER |
| <input type="checkbox"/> HOSTAGE NEGOTIATOR | <input type="checkbox"/> SHERIFF DEPARTMENT |
| <input type="checkbox"/> SERGEANT | <input type="checkbox"/> SNIPER |
| <input type="checkbox"/> SWAT TEAM MEMBER | <input type="checkbox"/> TROOPER |
| <input type="checkbox"/> P. C. O. | <input type="checkbox"/> CONSTABLE |
| <input type="checkbox"/> ACT 235 TRAINED (Private Police) | |

RESCUE

- | | |
|---|--|
| <input type="checkbox"/> BASIC VEHICLE RESCUE | <input type="checkbox"/> HIGH ANGLE RESCUE |
| <input type="checkbox"/> ROPE RESCUE | <input type="checkbox"/> STRIKE TEAM LEADER |
| <input type="checkbox"/> TRENCH RESCUE | <input type="checkbox"/> VEHICLE RESCUE TECH. |
| <input type="checkbox"/> WATER RESCUE | <input type="checkbox"/> CONFINED SPACE RESCUE |

MISCELLANEOUS

- | | |
|---|---|
| <input type="checkbox"/> C. E. R. T. | <input type="checkbox"/> COMMERCIAL DRIVER LIC A, B |
| <input type="checkbox"/> DISPATCHER | <input type="checkbox"/> DIVER |
| <input type="checkbox"/> TERRORISM AWARENESS | <input type="checkbox"/> PUBLIC INFORMATION |
| <input type="checkbox"/> RACES (AMATEUR RADIO CLUB) | <input type="checkbox"/> C. I. S. D. |
| | <input type="checkbox"/> RED CROSS DISASTER TEAM |