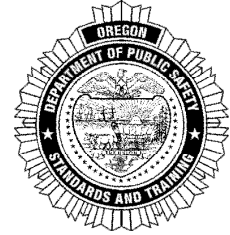


DPSST Office Use Only	
Date: _____	
Reviewer: _____	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
1 st Mailing: _____	
2 nd Mailing: _____	

Department of Public Safety Standards and Training
 4190 Aumsville Hwy. SE
 Salem, OR 97317
 Phone: (503) 378-2100
 Fax: (503) 378-4600



FIRE SERVICE AGENCY ACCREDITATION
 R-1 (REVISED 01/2016)

THIS R-1 FORM MUST BE COMPLETED SOLELY BY THE DISTRICT LIAISON OFFICER

Make appropriate arrangements with the Fire Agency to establish date and time for the review:

Fire Service Agency Name		Contact Phone	
Fire Agency Contact	Date of Review	Time	

At least seven business days prior to the meeting contact DPSST to receive the Agency Profile, Agency Certification History and Agency Roster:

- Take these documents with you to the review.
- Individuals will be indicated on the Agency Roster for file review purposes if you would like to use names picked by DPSST.

Please complete all of the following information:

NOTE: If the agency, chief or training officer information has changed a PAF needs to be completed and sent to DPSST.

Fire Chief	Primary Phone	Secondary Phone
------------	---------------	-----------------

Designated Training Officer [OAR 259-009-0087 (1) (a)]		Has your Training Officer attended a Training Management Seminar? Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	
Primary Phone	Secondary Phone	Fax	
Email			

<input type="checkbox"/> City Manager -OR- <input type="checkbox"/> District Chair -OR- <input type="checkbox"/> Other (Specify title below)		Primary Phone	
Mailing Address	City	State	Zip

Members present at the time of the review: _____

NOTE: Only the DLO, fire chief, training officer, fire agency designee, DPSST Fire Certification Representative, DPSST Fire Training Staff, or fellow DLO should be in attendance of the review. You may NOT bring any outside fire agency staff to the fire agency department accreditation review unless approved by DPSST Standards and Certification Fire Certification Coordinator or DPSST Fire Training Staff.

1. Number of NFPA certified Fire Instructors in the fire agency?
 NFPA Fire Instructor I: _____ NFPA Fire Instructor II: _____
2. Does the fire agency have a pumper conforming to NFPA Standard #1901? [OAR 259-009-0087 (g)]
 YES NO
3. Agency must provide a typed **Six Month Training Schedule and Organizational Chart**
(Please attach copies to the review form)
4. Is the agency maintaining adequate records of maintenance requirements as demonstrated through any combination of Service Delivery, Task Performance, and Education and/or Training? [OAR 259-009-0065]
 YES NO
5. Does the fire agency complete formal task performance evaluations or task books?
 YES NO
6. Does the fire agency provide corrective training for those not meeting task performance requirements?
 YES NO N/A
 If YES, how and when? _____

7. Does the fire agency maintain in their records a copy of the task books per their AHJ?
 YES NO N/A
 If NO, the agency must show documentation to support the DPSST Certifications that were granted.
(DO NOT SEND TASKBOOKS TO DPSST FOR EVALUATION)
8. The following are designated as fire agency evaluators for task performance evaluations:
(Please list titles, not names)

1. _____	2. _____
3. _____	4. _____
9. What system of record keeping is used to record training?
 Electronic Hard Copies
10. The agency must have curriculum for each requested level of certification. Please review the curriculum for each level. Does it meet the intent of the standard?
 YES NO
11. Is nationally recognized curriculum and/or approved agency specific curriculum available to the fire agency?
 YES NO
12. Are there lesson plans available to conduct the proposed training?
 YES NO

The accreditation review team recommends following levels for department training:

NOTE: In order for the requested levels to be approved on the agency's accreditation agreement the agency must have individuals certified in each level requested. Extensions will not be granted unless specifically arranged with DPSST Fire Certification Staff.

Curriculum

NFPA Fire Fighter (NFPA 1001)

- NFPA Fire Fighter I
- NFPA Fire Fighter II

NFPA Fire Apparatus Driver/Operator (NFPA 1002)

- NFPA Fire Apparatus Driver/Operator (Driver)
- NFPA Apparatus Equipped w/ Fire Pump (Pumper)
- NFPA App. Equipped w/ an Aerial Device (Aerial)
- NFPA Apparatus Equipped with a Tiller (Tiller)
- NFPA Wildland Fire Apparatus
- NFPA Aircraft Rescue & Fire-Fighting Apparatus
- NFPA Mobile Water Supply Apparatus

NFPA Hazardous Materials/WMD (NFPA 472)

- NFPA Operations Level Responder
- NFPA Hazardous Materials Incident Commander
- NFPA Hazardous Materials Technician
- NFPA Hazardous Materials Safety Officer

NFPA Fire Instructor (NFPA 1041)

- NFPA Fire Instructor I

Wildland Fire Operations Positions

- Firefighter Type 2 (FFT2)
(S-130, L-180, S-190, and I-100)
- Firefighter Type 1 (FFT1)
(S-131 and S-133)
- Single Resource, Engine Boss (ENGB)
(I-200, S-230 or S-231, and S-290)

Fire Ground Leader (Oregon Specific)

- Fire Ground Leader

NFPA Fire Officer (NFPA 1021)

- NFPA Fire Officer I

NFPA Airport Fire Fighter (NFPA 1003)

- NFPA Airport Fire Fighter

Curriculum

NFPA Technical Rescuer (NFPA 1006)

- NFPA Technical Rescuer _____
- NFPA Rope Rescue _____
- NFPA Confined Space Rescue _____
- NFPA Trench Rescue _____
- NFPA Structural Collapse Rescue _____
- NFPA Vehicle _____
- NFPA Surface Water Rescue _____
- NFPA Swiftwater Rescue _____
- NFPA Dive Rescue _____
- NFPA Surf Rescue _____
- NFPA Machinery Rescue _____

NFPA Marine Fire Fighting for Land Based Fire Fighters I (NFPA 1005)

- NFPA Marine Fire Fighting I _____
- NFPA Marine Fire Fighting II _____

Maritime Fire Service Operator (Oregon Specific)

- Maritime Basic Awareness _____
- Maritime Deck Hand _____
- Maritime Boat Operator _____
- Maritime Rescue Boat Operator _____
- Maritime Fire Boat Operator _____

Other

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Additional Comments: _____

COMPLETE THREE TRAINING FILE REVIEWS

Check records for proof of on-going training and copies of their levels of certification.

First Training File Review

Name: Last, First Middle Initial	DPSST Fire #

TRAINING VERIFICATION:

1. Reviewed attendance of required courses/classes for certification? Yes No
2. Is the fire agency accredited to teach the course? Yes No

Highest level of Certification(s):	Issued Date:
•	

- Is there certification competency for this certification? Yes No
- Was a Task Book or Task Performance Evaluation completed? Yes No
- If yes, is the evaluator qualified at this level? Yes No

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- Is there certification competency for this certification? Yes No
- Was a Task Book or Task Performance Evaluation completed? Yes No
- If yes, is the evaluator qualified at this level? Yes No

•	
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- Is there certification competency for this certification? Yes No
- Was a Task Book or Task Performance Evaluation completed? Yes No
- If yes, is the evaluator qualified at this level? Yes No

Second Training File Review

Name: Last, First Middle Initial	DPSST Fire #

TRAINING VERIFICATION:

1. Reviewed attendance of required courses/classes for certification? Yes No
2. Is the fire agency accredited to teach the course? Yes No

Highest level of Certification(s):	Issued Date:
•	

- Is there certification competency for this certification? Yes No
- Was a Task Book or Task Performance Evaluation completed? Yes No
- If yes, is the evaluator qualified at this level? Yes No

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- Is there certification competency for this certification? Yes No
- Was a Task Book or Task Performance Evaluation completed? Yes No
- If yes, is the evaluator qualified at this level? Yes No

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- Is there certification competency for this certification? Yes No
- Was a Task Book or Task Performance Evaluation completed? Yes No
- If yes, is the evaluator qualified at this level? Yes No

Third Training File Review

Name: Last, First Middle Initial	DPSST Fire #

TRAINING VERIFICATION:

1. Reviewed attendance of required courses/classes for certification? Yes No
2. Is the fire agency accredited to teach the course? Yes No

Highest level of Certification(s):	Issued Date:
•	

- | | | |
|---|------------------------------|-----------------------------|
| Is there certification competency for this certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a Task Book or Task Performance Evaluation completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the evaluator qualified at this level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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- | | | |
|---|------------------------------|-----------------------------|
| Is there certification competency for this certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a Task Book or Task Performance Evaluation completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the evaluator qualified at this level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

•	
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- | | | |
|---|------------------------------|-----------------------------|
| Is there certification competency for this certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a Task Book or Task Performance Evaluation completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the evaluator qualified at this level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional Comments: _____

Is this agency accreditation: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal with Change
--

ATTEST: *The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.*

District Liaison Officer (Signature)	Printed Name	Date
---	--------------	------

Agency Authorized Training Representative (Signature)	Printed Name	Date
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<i>If applicable –</i> Chief or Agency Authorized Representative (Signature)	Printed Name	Date
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