

SAN JUAN COUNTY FIRE DEPARTMENT



PLEASE ISSUE THE FOLLOWING ITEMS TO:

NAME: _____ DEPT: _____

BUNKER/BRUSH GEAR

S=STRUCTURAL WL=WILDLAND

GEAR TO BE ISSUED:

<input type="checkbox"/> GLOVES <input type="checkbox"/> S <input type="checkbox"/> WL SIZE _____ <input type="checkbox"/> PANTS <input type="checkbox"/> S <input type="checkbox"/> WL SIZE _____ <input type="checkbox"/> BOOTS <input type="checkbox"/> S <input type="checkbox"/> WL SIZE _____ <input type="checkbox"/> GOGGLES <input type="checkbox"/> WL	<input type="checkbox"/> HOOD <input type="checkbox"/> S <input type="checkbox"/> WL <input type="checkbox"/> COAT <input type="checkbox"/> S <input type="checkbox"/> WL SIZE _____ <input type="checkbox"/> HELMET <input type="checkbox"/> S <input type="checkbox"/> WL COLOR _____ <small>*Full brim helmets for red card FF only</small> <input type="checkbox"/> GEAR BAG
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Issued by: _____ Date: _____

ID BADGE REQUEST

MEDICAL:

<input type="checkbox"/> JUNIOR MEMBER <input type="checkbox"/> WHITE (NO MEDICAL CERT) <input type="checkbox"/> GREEN (FR CERT) <input type="checkbox"/> BLUE (EMT-B) <input type="checkbox"/> YELLOW (EMT-I) <input type="checkbox"/> RED (EMT-P)	<input type="checkbox"/> Approved by FOC <input type="checkbox"/> Approved by District <input type="checkbox"/> New Member Orientation <input type="checkbox"/> Drug Screen/Physical <input type="checkbox"/> Ability Test <input type="checkbox"/> Academy (Attending or Enrolled)
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FIRE:

Issued by: _____ Date: _____

<input type="checkbox"/> JUNIOR MEMBER <input type="checkbox"/> WHITE (NO FIRE TRNG) <input type="checkbox"/> GREEN (INTRO TO FF) <input type="checkbox"/> BLUE (EXTERIOR FF ONLY, WL OR DEFENSIVE STRUCTURAL FIRES, NOT REQUIRING AN AIRPACK) <input type="checkbox"/> YELLOW (INTERIOR STRUCTURAL FF AND EXTERIOR FIRES REQUIRING SUPPLIED AIR) <input type="checkbox"/> RED (INTERIOR STRUCTURAL FIREFIGHTING TEAM LEADER)	
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DISTRICT CHIEF: _____ **DATE:** _____

By signing, the District Chief verifies the information of the firefighter receiving the gear/ID badge, and that all information is on file at district and FOC.

FIREFIGHTER: _____ **DATE:** _____

I have received all certificates and met all training requirements for the gear/ID badge being issued to me. Copies of certificates are on file with my district and FOC.