

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"/> SHIRT(S): _____ <input type="checkbox"/> HAT/CAP: _____	<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 <input type="checkbox"/> OTHER: _____
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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)

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"/> RED (INTERIOR STRUCTURAL FIREFIGHTER)

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.