



**LIVE BURN ACCOUNTABILITY**

**Individual Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Known Medical Problems:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_

**Training Level:** The above named individual meets the following training Job Performance Requirements prior to entering live fire training. These JPR subjects are listed in NFPA 1403, 4.3.1 & 4.3.2. To meet these requirements the individual and Chief or his/her designee needs to certify that the training has been received.

Safety	Fire Behavior	Portable extinguishers
Personal Protective Equipment	Fire hose, appliances, and streams	Ladders
Overhaul	Water Supply	Ventilation
Forcible Entry		
SCBA Fit Test Date: __/__/__	Medically cleared to wear SCBA __/__/__	

I \_\_\_\_\_ certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.

Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

I \_\_\_\_\_ certify that \_\_\_\_\_ has received the above training prior to entry into the Live Fire Training being offered. I also certify the above information is true.

**Signature of Chief or his designee:** \_\_\_\_\_

Rank \_\_\_\_\_ Date \_\_/\_\_/\_\_

**Turnout Gear Inspection:**

Coat \_\_\_\_\_ Pants \_\_\_\_\_ Helmet \_\_\_\_\_ Boots \_\_\_\_\_  
 Gloves \_\_\_\_\_ Hood \_\_\_\_\_ SCBA \_\_\_\_\_ Pass \_\_\_\_\_

Accountability Tag: \_\_\_\_\_ Problems with gear/SCBA: \_\_\_\_\_

*NOTE: Remember to keep crews well hydrated during time in staging or rehab*

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>Pre Entry</i>						
<i>Post Entry</i>						
<i>Pre entry</i>						
<i>Post Entry</i>						
<i>Pre entry</i>						
<i>Post Entry</i>						

**\*\* MEDICAL NOTE \*\***

Should this individual's vital signs be abnormal at post entry, the vital signs will be retaken at 5 minutes and 20 minutes after the initial post entry vitals were taken. (SEE PAGE 2)

Signature Lead Instructor: \_\_\_\_\_ Date \_\_/\_\_/\_\_

Signature Safety Officer: \_\_\_\_\_ Date \_\_/\_\_/\_\_

LIVE BURN ACCOUNTABILITY

Individual Name: \_\_\_\_\_ Department: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>Pre Entry # 1</i>						
<i>Post Entry</i>						
<i>Pre entry # 2</i>						
<i>Post Entry</i>						

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>Pre Entry # 1</i>						
<i>Post Entry</i>						
<i>Pre entry # 2</i>						
<i>Post Entry</i>						

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>Pre Entry # 1</i>						
<i>Post Entry</i>						
<i>Pre entry # 2</i>						
<i>Post Entry</i>						

**\*\*MEDICAL NOTE\*\***

The table below is required to be completed by medical group member if this individual's vital signs are abnormal at post entry. The vital signs will be retaken at 5 minutes and 20 minutes after the initial post entry vitals.

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>5 Minutes</i>						
<i>20 Minutes</i>						
<i>5 Minutes</i>						
<i>20 Minutes</i>						

COMMENTS: \_\_\_\_\_

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