



**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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