**BUTTE COUNTY FIRE DEPARTMENT**

**SUPPORT RESPONDER MODULE CHECKLIST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  |
| **NAME (Last, First)** | **COMPANY #** | **START DATE** |
|  | | | | | | |
| **Task** | | | | **Completion**  **Date** | **Instructor Signature** | |
| History / Organizational Structure | | | |  |  | |
| Station Orientation | | | |  |  | |
| Firefighter Safety | | | |  |  | |
| Accountability Policy | | | |  |  | |
| Private Vehicle Operations | | | |  |  | |
| Radio Use / Communications | | | |  |  | |
| Seatbelts, Chock Blocks, Backing Signals | | | |  |  | |
| Volunteer SOP Manual Orientation, Levels of Response & Training Requirements | | | |  |  | |
| Fire Line Hazards (3 Stripes Your Out) | | | |  |  | |
| Traffic Control | | | |  |  | |
| Rules of Conduct | | | |  |  | |
| IIPP Program | | | |  |  | |
| Heat Injury Prevention Policy | | | |  |  | |
| Hearing Protection | | | |  |  | |
| EEO | | | |  |  | |
| Injury and Accident Reporting | | | |  |  | |
| ICS-100, Introduction to ICS **(self paced)** CD Returned Yes No | | | |  |  | |
| NIMS-700, **(self paced)** | | | |  |  | |
| Hazardous Materials First Responder Operational (16 hours) | | | |  |  | |
| Confined Space Awareness (8 hours) | | | |  |  | |
| Water Rescue Awareness **(self paced)** CD Returned Yes No | | | |  |  | |
| Internet/Social Media Policy (10.36) | | | |  |  | |
| VFF Expectations (10.47) | | | |  |  | |
|  | | | |  |  | |

**\*\* NOTE:** Before responding as a Support Responder, the VFF must complete all training tasks listed for Support Responder.

My signature below indicates the individual listed above has completed all the required training to respond as a Support Responder with the Butte County Fire Department.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Training & Safety Bureau Chief |  | Date |

After the checklist has the approval signature, the form will be placed in the employees training file in the Training & Safety Bureau.