**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.