**Butte County Fire Department**

Physical and Mental Stress Statement

Breathing Support and Water Tender Operator

**A description of the physical and mental stresses a volunteer Breathing Support and Water Tender Operator may be subjected is given below. Your judgment as to the volunteer’s capacity to perform the required job duties is needed. In your conclusion, take into account the long range outlook for continued performance and the employee’s ability to safely perform these duties without significant increased risk of injury to self or others due to medical condition.**

The breathing support and water tender operator is assigned to either an urban or rural area and must have endurance to respond to perform a variety of duties including: prevention and education programs, fundraising activities, company administrative assignments, station maintenance, assist with structure fire rehab, structure fire incident accountability, traffic control, respond to medical aids and perform CPR as needed. In addition, the breathing support and water tender operator will drive fire apparatus to structure and/or wildland fires and support the emergency incident.

The breathing support and water tender operator must have hearing adequacy within speech frequencies (uncorrected), full use of hands and feet, the necessary strength and agility required for extensive bending, stooping and squatting. He or she must be able to move objects up to 75 pound.

Duties involve field work requiring physical performances involving average ability endurance and conditioning, including occasional demand for strenuous activities in emergencies, under adverse environmental conditions, and over extended periods of time; pace of work is typically set by the emergency situation.

While on major fires, the breathing support and water Tender operator may be required to go without sleep and/or food for extended periods of time.

Name of Volunteer Responder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Company assigned to: \_\_\_\_\_\_\_\_\_

Physician’s Recommendations and Comments:

[ ]  Release to full duty – give effective date:

[ ]  Not Release to full duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Physician Name of Physician

Butte County risk management notification/approval:

[ ]  Release to full duty – give effective date:

[ ]  Not Release to full duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of County Finance Name