

**NJSP HAZARDOUS MATERIALS RESPONSE UNIT
 CONFINED SPACE OPS TRAINING REQUEST AND DEPARTMENT AUTHORIZATION FORM**

PRINT CLEARLY ALL REQUESTED INFORMATION !!!!!!!

PART 1

NAME _____	TYPE OF AGENCY _____ <small>Police, EMS, Fire, Health, etc.</small>
DEPT. _____	WORK PH # () _____
MAILING ADDRESS _____	HOME PH # () _____
TOWN _____ STATE _____	ZIP CODE _____
FAX # () _____	S.S. # - - _____
E-Mail _____	OTHER AGENCY _____

PART 2

Personnel attending must successfully pass all course pre-tests prior to continuation of course. This class is not designed or intended to teach basic knots and rope work. Receipt of the request form does not guarantee admission into the course. **You must receive confirmation to attend.**

COURSE PREREQUISITES	DATE COMPLETED	PREREQUISITE INFORMATION
HazMat AWARENESS	/ / _____	/ / _____
SCBA FIT TESTED ON	/ / _____	/ / _____
BASIC ROPE/KNOTS	/ / _____	SCBA QUALIFIED <u>YES NO</u> <small>(CIRCLE ONE)</small>

PART 3

The individual named in Part 1 above is requesting to attend the CONFINED SPACE OPERATIONS training course offered by the NJSP-HAZMAT Response Unit. I as their Supervisor/Department Head have verified that at a minimum, the following requirements have been met:

He/She is actively involved with a emergency response organization.

He/She has successfully completed recognized training in the use of positive pressure self contained breathing apparatus.

He/She is believed to be in good health and physical condition and is able to perform all of the required hands-on activities.

He/She has met all the prerequisite training standards and has indicated above.

He/She will be covered under their Workman's Compensation insurance and/or other dept. insurance during the length of the program which will assume full liability for any injuries that are training related.

_____ Name and Title of Supervisor (print)	_____ Supervisor Signature	_____ Date
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Mail or fax applications to the NJSP at the address/number to the right

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**NJSP HAZMAT Response Unit
 Middlesex County Fire Academy
 1001 Fire Academy Drive
 Sayreville, NJ 08872
 Fax # (732) 721-4672**

**For further info contact the NJSP HMRU (732)
 721-4040 or LPPDEPAG@GW.NJSP.org**