



Department of Emergency Response
And Communications
Cortland County 911
Public Safety Building; Suite 201
54 Greenbush Street
Cortland, New York 13045

500-004	Title- FIREFIGHTER BOOT CAMP ADMITTANCE POLICY	
Effective Date September 21 st , 2011	References – October 23 rd , 2013 – revised to include written proof of physical and fit test	
Next Scheduled Review		
Modified Date	CLASSIFICATION – POLICY STATEMENT	Approved By -

PREFACE: This policy was adopted by the Cortland County Fire Chiefs Association on September 21st, 2011. This policy will be used for any and all students participating in the Cortland County Firefighter Boot Camp Program. This policy was amended by the Cortland County Fire Chiefs Association on October 23rd, 2013 to reflect proof of a completed physical and fit test.

PURPOSE: To establish a process that guarantees that students have all the necessary paperwork and forms to be admitted into the Cortland County Firefighter Boot Camp Program. These forms are the only means for the student to be admitted into the program – NO EXCEPTIONS.

DEFINITION: As agreed to in Policy Statement 100 – 003, “Firefighter Certification System” the requirements to be an Interior Firefighter are synonymous with the curriculum for the Cortland County Firefighter Boot Camp Program. The boot camp program is defined as follows:

1. NYS OFPC Firefighter 1
2. NYS OFPC SCBA Confidence
3. NYS OFPC Calling the May Day
4. NYS OFPC Truck Company Operations
5. NYS OFPC Firefighter Survival
6. NYS OFPC Courage to be Safe
7. American Heart Association CPR – AED Course

- *It shall be noted that a member does not have to solely take the Cortland County Firefighter Boot Camp program to become an interior firefighter, however they shall complete all of the classes above before receiving interior certification under the requirements of 100 – 003 “Firefighter Certification” and being issued said tags indicating that level of firefighting.*

POLICY:

1. In order to be admitted in the Cortland County Firefighter Boot Camp Program the student must present the following items:
 - a. The New York State Office of Fire Prevention and Control Training Authorization Letter signed by a Chief Officer.
 - b. The Medical Certification form contained as attachment A signed by a physician certifying the member has received a medical examination in accordance with the OSHA Respiratory Protection Program 29 CFR 1910.134 and the job requirements contained within it.
 - c. Item b is not necessary if the firefighter candidate provides a current, signed Doctor’s note / form from said member’s department that indicates they are certified to participate in activities that are related to interior firefighting duties.
 - d. A completed, signed fit test report.
2. If the student is less than 18 years of age, the New York State Office of Fire Prevention and Control Training Authorization Letter must also be signed by a legal guardian for the student.
3. Any student accepted into their fire departments after January 1st, 2012 must have a set of Cortland County issued accountability tags. These tags may only say “Recruit” or “Exterior” depending on the student’s level of training in accordance with Policy # 100 – 003, Firefighter Certification System.
 - *Special Note – firefighters that were granted interior status prior to January 1st, 2012 will be admitted into the program and allowed to utilize their interior status tags as long as they met the interior conditions set prior to this date. We by no means want to limit the opportunity for any of our County Firefighters who may want to refresh or advance their skills be denied this valuable opportunity.*

4. The student is required to bring a copy of their completed NIMS 100 Certificate.
5. The student is required to bring a copy of their completed NIMS 700 Certificate.
6. The student is required to bring a pen.
7. The student is not allowed to wear the following items:
 - a. Shorts
 - b. Open Toed Shoes
 - c. Sleeveless Shirts
 - d. Pajamas
 - e. Body Piercings during any physical exertion exercises
8. Facial hair requirements will strictly be adhered to in accordance with guidelines set forth by 29 CFR 1910.134 throughout the entire course.
9. There are absolutely no exceptions to this policy.
10. Failure to adhere to the above policy statements is subject for automatic dismissal.

ISSUED BY COUNTY CHIEFS PRESIDENT

ISSUED BY FIRE COORDINATOR

RICH ROBERTS

SCOTT ROMAN

ATTACHMENT A

MEDICAL CERTIFICATION

This medical examination has been conducted in accordance with the OSHA Respiratory Protection Program 29 CFR 1910.134 and the job requirements listed below.

FIREFIGHTER CANDIDATE NAME: _____

SS # or NYS ID # _____

Job Requirements:

Participate in classes up to 8 hours per day in either classroom or training ground settings

Wear personal protective equipment and self-contained breathing apparatus, weighing at least 50 pounds, while performing duties

Work under live fire conditions, extreme heat and smoke

Work in outside temperatures from sub-zero to mid-nineties

Perform repetitive physical activity involving strenuous manual labor

Use hand tools weighing up to 20 pounds

Handle hose lines up to 5" in diameter

Raise and carry portable ladders up to 50 foot in length. Climb ladders up to 100 feet in length

Operate power equipment weighing as much as 100 pounds

Perform search and rescue maneuvers utilizing mannequins weighing up to 185 pounds

Carry equipment weighing up to 200 pounds as a two person team

Enter confined spaces and perform low angle rope rescue operations

After examination of the above named firefighter candidate:

_____ I have determined that he/she possesses the ability to safely and effectively perform the job requirements listed above AND is medically qualified, in accordance with the OSHA Respiratory Protection Program 29 CFR 1910.134, to use a full face piece respirator self-contained breathing apparatus without restriction.

_____ I have determined that he/she IS NOT medically qualified to use a full face respirator self-contained breathing apparatus, in accordance with the OSHA Respiratory Protection Program 29 CFR 1910.134, and / or perform the duties listed above without restrictions.

Physician's Name – Printed

Address

Physician's Signature

Date