

**Jefferson County Office of Fire and Emergency Management  
Fire & EMS Personnel Accountability Program  
Information Sheet**

*Please Print Clearly*

**Department/Agency:** \_\_\_\_\_

**Last, First, MI:** \_\_\_\_\_

**DOB (mm/dd/yyyy):** \_\_\_\_\_

**Social Security#:** \_\_\_\_\_

**Level of Training (circle appropriate level):**

<b>Hazmat:</b>	<b>None</b>	<b>Ops</b>	<b>Tech</b>	<b>Specialist</b>		
<b>EMS:</b>	<b>None</b>	<b>CFR</b>	<b>Basic</b>	<b>Inter.</b>	<b>Adv.</b>	<b>Par.</b>
<b>SCBA:</b>	<b>None</b>	<b>Interior</b>				
<b>County Team:</b>	<b>None</b>	<b>Dep. Zone Coord.</b>	<b>Dep. EMS Coord</b>	<b>Fire Investigator</b>		
		<b>HazMat Team</b>	<b>STAR Team</b>	<b>Fire Police</b>		

**Personal Information** (not required, however, strongly encouraged - Will be kept confidential):

**Allergies:** \_\_\_\_\_

**Medications/Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact (name and number):** \_\_\_\_\_

\_\_\_\_\_

**Fire Chief Verification:**

I certify that the individual is a member of this department and has achieved the indicated level of training. I understand that the County is not responsible for any informational errors or omissions. I also understand that misuse or misrepresentation by the holder of the accountability tag does not result in liability to Jefferson County.

**Print Chief's Name:** \_\_\_\_\_

**Chief's Signature/Date:** \_\_\_\_\_