



**State of Connecticut
Commission on Fire Prevention and Control**

**HEALTH and SAFETY OFFICER
Application for Certification**

Please **PRINT** all information legibly as it will appear on your permanent records. Both the trainer & trainee must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		Cell ()
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the <u>first (3) letters of your last name</u> and the <u>last four (4) numbers of your social security number</u> . Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Prerequisite Certification Levels – Check applicable box				
<input type="checkbox"/> State of Connecticut Certified Fire Officer I		<input type="checkbox"/> Continuous service as a Fire Officer in a fire department since prior to July 1, 1986. Verification from the Chief of Department or supervisor must be provided.		

By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.	_____ Applicant Signature
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WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Division <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted
Examination Location _____	

\$15.00 application fee required with application. Please check type of payment below:

Cash	Check (please indicate check # and date)	Purchase order	In-service or Calendar Class (fee included in tuition)
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road, Windsor Locks, CT 06096-1069
Fax: 860-654-1889

NAME: _____ FFID#: _____

HEALTH and SAFETY OFFICER – NFPA Standard 1521 Compliance

All objectives of NFPA Standard 1521, Chapter 5, Health and Safety Officer, 2008 edition, must be addressed by an approved training methodology and duty assignment prior to acceptance into the certification testing process.

- Compliance Method 1** - Successful completion of a Connecticut Fire Academy Health and Safety Officer training program
- Compliance Method 2** - Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Health and Safety Officer accredited certificate

Health and Safety Officer - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1521, Health and Safety Officer – Fire Suppression, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
4.1	Assignments of HSO			
4.2	Qualifications of HSO			
4.3	Authority of HSO			
5.1	Risk Management			
5.2	Laws, Codes and Standards			
5.3	Training and Education			
5.4	Accident Prevention			
5.5	Accident Investigation, Procedures, and Review			
5.6	Records Management and Data Analysis			
5.7	Apparatus and Equipment			
5.8	Facility Inspection			
5.9	Health Maintenance			
5.10	Liaison			
5.11	Occupational Safety and Health Committee			
5.12	Infection Control			
5.13	Critical Incident Stress Management			
5.14	Post-Incident Analysis			

We the undersigned do hereby certify that that the candidate for certification will have been exposed to all objectives of NFPA Standard 1521, Chapter 5, 2008 edition.

Health and Safety Officer Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date