

TRAINING VERIFICATION FORM



Self Contained Breathing Apparatus (SCBA) and Proper Lifting Techniques

(Print in capital letters using ink)

Team Name: _____
Municipality: _____
Address: _____
City: _____
Province: _____

The individuals listed below have been authorized to use self-contained breathing apparatus. They have been evaluated and have been found physically capable of performing work while using a self-contained breathing apparatus and other approved respiratory protection equipment.

Also, the individuals listed below have also been fully trained in proper lifting techniques and are aware of the dangers of not applying these techniques when lifting, specifically heavy objects, to both themselves and others.

Names: _____

Signature: _____ Title: _____
Date: _____

This form must be completed and included as part of your team registration package.