EQUIPMENT SAFETY—VALIDATION FORM

Federal, State, and Local Compliance—Laws, Standards, Regulations, Statutes, Ordinances

State Fire Marshal Training Division—Certification System

The State Fire Marshal Training Division (SFMTD) requires that all candidates for certification have available to them quality apparatus, equipment and supplies; and that all apparatus, equipment, and supplies used to test candidates for certification meet certain requirements whereas the health and safety of a candidate is not compromised in any way, shape, or fashion.

The SFMTD does not have the authority to mandate candidates or their organizations to meet compliance issues, but it does have the authority to protect those who become part of training or testing functions. Therefore, each candidate or organization representing a group of candidates, and each organization that is hosting a test site for candidates to be tested at; shall verify that all apparatus, equipment, supplies, and facilities do meet or did meet at the time of purchase/construction/implementation any applicable federal, state, or local laws, standards, regulations, statutes, or ordinances.

The SFMTD reserves the right to inspect and validate any such items utilized for testing, based on the signed form that verifies that all apparatus, equipment, and supplies do meet or did meet at the time of purchase/construction/implementation any applicable requirements. Those requirements may be those addressed by EPA, OSHA, NFPA Standards, Nebraska Statutes, or Local Ordinances.

Verification of Compliance

I do hereby verify that all equipment and supplies used by the fire fighters, and/or all apparatus used by the fire fighters at this certification-testing site does meet any applicable federal, state, and local requirements as listed above. Any purchased Apparatus, Equipment, or Supplies did meet, if applicable, any current law, standard, regulation, statute, or local ordinance at the time of purchase/construction, or implementation.

______________________	______________________
Name	Title
______________________	______________________
Organization	Date

SFMTD Acceptance of Verification

______________________	______________________
Chief Examiner	Date