



# TEXAS INDUSTRIAL EMERGENCY SERVICES BOARD

Division of the State Firemen's and Fire Marshals' Association of Texas

## YEARLY TRAINING SUMMARY FOR PARTICIPATING MEMBERS

Facility Information		
Facility Name <input type="checkbox"/> Check if Changed		
SFFMA ID#	Department/Agency	
Mailing Address		Number of <u>Company Employees</u>
		Number of <u>Contractors</u> (Nested/Core)
City State Zip		Total Number of Employees/Contractors
Please supply the following pertinent information. If some of the questions are considered confidential, an estimate will be satisfactory to support the annual review.		
Facility Description		
List the major products manufactured at your facility, and/or service(s) provided		
Emergency Response Manager	Phone	E-mail
Safety/Health Manager		
Response Training Coordinator		
Senior Official		
Application Information		
<b>Indicate the type of Emergency Services Program your facility is submitting for program approval from the TIESB:</b>		
Indicate <u>all</u> that apply with a checkmark or "X"		
Note: The certificate your facility receives will be approved only for the section(s) indicated below (assuming all criteria is met for those sections).		
Mark the same box(es) on page 5		
<input type="checkbox"/> <b>Incipient Fire Response Only</b> (Does <b>NOT</b> qualify for Fire Brigade approval by the TIESB)		
<input type="checkbox"/> <b>Advanced Exterior Fire Fighting beyond the Incipient Stage <u>ONLY</u></b>		
<input type="checkbox"/> <b>Interior Structural Fire Fighting <u>ONLY</u></b>		} Complete pages 2, 3, and 5; and top half of page 9
<input type="checkbox"/> <b>Advanced Exterior <u>AND</u> Interior Structural Fire Fighting</b>		
<input type="checkbox"/> <b>Marine Fire Fighting</b> (Land-based firefighters who respond to marine vessel fires)		
<input type="checkbox"/> <b>Rescue</b>	Complete page 2; questions 4 – 6 on page 3; page 6; and top half of page 9	
<input type="checkbox"/> <b>Emergency Medical Service Response</b>	Complete page 2; questions 4 – 6 on page 3; page 7; and top half of page 9	
<input type="checkbox"/> <b>Hazardous Material(s) Response</b>	Complete page 2; questions 3 – 6 on page 3; page 8, and top half of page 9	

Please supply the following pertinent information. If some of the questions are considered confidential, an estimate will be satisfactory to support the annual review.

### Loss Prevention Statistics

List the number of emergencies (fires, rescues, EMS responses, gas releases, etc.) at your facility during the reporting year which your fire brigade or emergency response team responded to:

	YES	NO
Is your facility insured for catastrophic loss?	<input type="checkbox"/>	<input type="checkbox"/>
Is your facility self-insured?	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility participate in regular insurance inspections?	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility conduct regular loss prevention inspections?	<input type="checkbox"/>	<input type="checkbox"/>

### General Emergency Plan Information

(Note: All facilities must complete this section)

	YES	NO	N/A
Does your facility have established emergency procedures? (29 CFR 1910.38 and/or 1910.120)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have established evacuation procedures for employees? (29 CFR 1910.38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility participate in a Title III Local Emergency Planning Committee (LEPC)? (SARA Title III)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility participate in area mutual aid programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility participate in simulated emergency drills with your mutual aid organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility conduct preplanning exercises for potential incidents that might occur at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your preplanning exercises for potential incidents include those that could affect your nearby neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your response team have an Organizational Statement? (29 CFR 1910.156, NFPA 600 (2010 ed.))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your response team regularly conduct simulated drills? (29 CFR 1910.146, NFPA 600 (2010 ed.))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility participate in simulated emergency drills with the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your facility have an emergency warning system? (29 CFR 1910.165)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the above system provide notification to your nearby neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any "NO" or "N/A" boxes checked off in this section**

## Emergency Services Equipment

<b>YES      NO</b>				
1. Does your facility have an adequate and available firewater supply for emergency use? <b>If No, explain</b>				<input type="checkbox"/> <input type="checkbox"/>
2. Describe your facility firewater delivery system: How are they Driven?	Number of Pumps	Total Capacity (gpm)	Normal header pressure (psig)	
3. Does your protective clothing (gear, PPE) meet the requirements and guidelines of NFPA 472, NFPA 600, NFPA 1005, NFPA 1006, NFPA 1971, NFPA 1981, and/or 29 CFR 1910.156?				<b>YES      NO      N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Briefly describe your facility's mobile emergency response apparatus (fire, rescue, HazMat, EMS):  How many people are trained to operate the above equipment? _____ Emergency response apparatus that respond off-site (including industrial ambulances) are <b>required</b> to be registered with the SFFMA/TIESB under the Texas Transportation Code (541.201 Vehicles). Are these response vehicles registered?				<b>YES      NO      N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. What is the total number of emergency responders for <u>all</u> of your response teams? What is the number of SCBA available for emergency responder use?				
6. Does your facility utilize automatic and/or manual detection / suppression systems listed below?				
	<b>YES      NO</b>			<b>YES      NO</b>
Deluge systems	<input type="checkbox"/> <input type="checkbox"/>	Gaseous Agent systems	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sprinkler systems	<input type="checkbox"/> <input type="checkbox"/>	Gas Detection systems	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foam systems	<input type="checkbox"/> <input type="checkbox"/>	Dry Chemical systems	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Please indicate any not listed				
Are fire brigade/emergency team members trained in the operation or use of the aforementioned systems? <b>If no, please indicate who is trained</b>				<b>YES      NO      N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Describe total quantity of fire hose available at your facility, by size and # of feet		<b>Size</b>	<b># of Feet</b>	

## Fire Brigade Personnel - Training

A **Participating Industrial Member** will be recognized as having a “fire brigade” by one of the following criteria:

- An organization meeting the requirements of a “fire brigade” trained to perform exterior fire fighting beyond the incipient stage;

**OR**

- An organization meeting the requirements of a “fire brigade” trained to perform interior structural fire fighting beyond the incipient stage.

**OR**

- An organization meeting the requirements of a “fire brigade” trained to perform exterior fire fighting **and** interior structural fire fighting beyond the incipient stage.

**AND/OR**

- An organization meeting the requirements of a “fire brigade” trained as land-based fire fighters who respond to marine vessel fires.

## Fire Brigade Personnel - Definitions

“**Fire brigade**” (private fire department, industrial fire department) is defined as an organized group of employees who are knowledgeable, trained, and skilled in at least basic fire fighting operations.

**Incipient Fire Fighting** – Fire fighting performed inside or outside of an enclosed structure or building when the fire has not progressed beyond incipient stage. The incipient stage refers to the severity of a fire where the progression is in the early stage and has not developed beyond that which can be extinguished using portable fire extinguishers or handlines flowing up to 125gpm (473 L/min). A fire is considered to be beyond the incipient stage when the use of thermal protective clothing or self-contained breathing apparatus is required or a Fire Brigade member is required to crawl on the ground or floor to stay below smoke and heat.

**Advanced Exterior Fire** – Offensive fire fighting performed outside of an enclosed structure when the fire is beyond the incipient stage. Advanced exterior fire fighting often requires Advanced Exterior Fire Brigade personnel to contain, control, and extinguish exterior fires involving site-specific hazards, such as flammable and combustible liquid spills or leaks and electrical substations. Advanced exterior fire fighting is usually performed using handlines flowing up to 300gpm (1140 L/min), master streams, or similar devices for the manual application of specialized agents. Thermal protective clothing is required and the use of self-contained breathing apparatus could be required.

“**Interior Structural Fire Fighting**” means the physical activity of fire suppression, rescue, or both, inside of buildings or enclosed structures, which are involved in a fire situation beyond the incipient stage.

“**Marine Fire Fighting**” means the physical activity of fire suppression, rescue, or both, inside of marine vessels, which are involved in a fire situation beyond the incipient stage.

## Training Program Requirements for Fire Brigades

See document TIESB007 - Minimum Criteria For Industrial Fire Brigade Training Program Certification and/or TIESB008 - Minimum Criteria For Industrial Marine Fire fighting Training Program Certification

Note: Do not fill out this section unless you selected any of the following boxes on **page 1**:

- Advanced Exterior Fire Fighting beyond the Incipient Stage Only;**  
**Interior Structural Fire Fighting Only;**  
**Advanced Exterior and Interior Structural Fire Fighting; or**  
**Marine Fire Fighting.**

If you selected one or more of these boxes, all questions on this page must be answered.

Is the fire brigade expected to perform: [check appropriate level(s)]

- Incipient Stage Only (Does NOT qualify for Fire Brigade approval by the TIESB)
- Advanced Exterior Fire Fighting                       Advanced Exterior AND Interior Structural Fire Fighting
- Interior Structural Fire Fighting                       Marine Fire Fighting for Land Based Firefighters

### ABSOLUTES – all boxes must be answered “YES” for TIESB program approval

	YES	NO
Are fire brigade members certified by a qualified health care professional to perform emergency response duties?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire brigade members that are assigned fire suppression duties provided with the proper personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire brigade members receiving training and education on the duties that they are expected to perform?	<input type="checkbox"/>	<input type="checkbox"/>
Is the training, education, and testing of fire brigade members documented?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire brigade members required to demonstrate proficiency in the areas that they are trained/expected to perform?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written procedure(s) for implementing an incident management system?	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed standard operating procedures for site-specific conditions and hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Are you meeting the minimum requirements for industrial fire brigade training program approval for 29 CFR 1910.156 and/or applicable NFPA Standard?	<input type="checkbox"/>	<input type="checkbox"/>
Have your fire brigade members received training on the following required NIMS Courses (either classroom or on-line): <b>IS-700</b> (NIMS: An Introduction)/ <b>IS-100</b> (Introduction to ICS)/ <b>ICS-200</b> (Basic ICS)?	<input type="checkbox"/>	<input type="checkbox"/>

### RECOMMENDED – Answer all boxes – TIESB will review and make determination for program approval

	YES	NO	N/A
What is the total number of members on your fire brigade?			
Are lesson plans being used in training sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your training instructors and fire brigade leaders receiving higher levels of training than the general brigade membership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your training instructors been trained in Methods of Teaching, NFPA 1041: Fire Service Instructor I (2007 ed.), or their equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your fire brigade training programs annually evaluated for their effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any “NO” or “N/A” answers on this page**

## Training Program Requirements for Rescue Teams

See document TIESB009 -  
Minimum Criteria For  
Industrial Rescue Team  
Training Program  
Certification

Note: Do not fill out this section unless you selected the following box on page 1:

**Rescue**

If you selected this box, all questions on this page must be answered.

Is the rescue team expected to perform: (check applicable level(s))

- |   |  |
|---|--|
| <input type="checkbox"/> Rope           | <input type="checkbox"/> Structural Collapse |
| <input type="checkbox"/> Surface Water  | <input type="checkbox"/> Trench              |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Other (List) _____  |

**ABSOLUTES** – all boxes must be answered "YES" for TIESB program approval

	YES	NO
Are rescue team members certified by a qualified health care professional to perform emergency response duties?	<input type="checkbox"/>	<input type="checkbox"/>
Are members that are assigned rescue duties provided with the proper personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are members receiving training and education on the duties that they are expected to perform?	<input type="checkbox"/>	<input type="checkbox"/>
Are members required to demonstrate proficiency in the areas that they are trained?	<input type="checkbox"/>	<input type="checkbox"/>
Are members that have the potential for encountering hazardous materials on an incident scene trained to recognize the hazard and able to implement exposure and control methods?	<input type="checkbox"/>	<input type="checkbox"/>
Is the training, education, and testing of rescue team members documented?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least 1 member of your confined space rescue team trained in first aid?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written procedure implementing an incident management system?	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed standard operating procedures for site-specific conditions and hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Are you meeting the minimum requirements for industrial rescue training program approval for 29 CFR 1910.146 and NFPA 1006 (2008 ed.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have your rescue team members received training on the following required NIMS Courses (either classroom or on-line): <b>IS-700</b> (NIMS: An Introduction)/ <b>IS-100</b> (Introduction to ICS)/ <b>ICS-200</b> (Basic ICS)?	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDED** – Answer all boxes – TIESB will review and make determination for program approval

What is the total number of members on your rescue team?			
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are lesson plans being used in training sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your training instructors been trained in Methods of Teaching or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your rescue training programs annually evaluated for their effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any "NO" or "N/A" answers on this page**

## Training Program Requirements for Emergency Medical Personnel

See document TIESB011 -  
Minimum Criteria For  
Industrial EMS Group  
Training Program  
Certification

Note: Do not fill out this section unless you selected the following box on **page 1**:

### Emergency Medical Service Response

If you selected this box, all questions on this page must be answered.

What is the total number of members on your EMS Team and their current qualifications?

(Note: Minimum of one ECA or higher is required)

ECA \_\_\_\_\_ EMT-B \_\_\_\_\_ EMT-I \_\_\_\_\_ EMT-P \_\_\_\_\_

### ABSOLUTES – all boxes must be answered “YES” for TIESB program approval

	YES	NO	N/A
Is the EMS program under the direction of a Medical Director’s protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Medical Direction is a **requirement** if you have one or more of the following: EMT-B, EMT-I, EMT-P. It is **not** a requirement if your site only has ECAs.

	YES	NO
Do those EMS Team members that are ECAs and/or above, meet Texas DSHS requirements, and are listed as “Current, Active” on the Certification List(s)/Database?	<input type="checkbox"/>	<input type="checkbox"/>

Are EMS members required to demonstrate proficiency in the areas that they are trained?	<input type="checkbox"/>	<input type="checkbox"/>
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Is the training, education, and testing of EMS members documented?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have a written procedure implementing an incident management system?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you train your EMS Team on the use of SCBA and/or ALR?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you train your EMS Team on blood borne pathogens?	<input type="checkbox"/>	<input type="checkbox"/>
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Have your EMS team members received training on the following required NIMS Courses (either classroom or on-line): <b>IS-700</b> (NIMS: An Introduction)/ <b>IS-100</b> (Introduction to ICS)/ <b>ICS-200</b> (Basic ICS)?	<input type="checkbox"/>	<input type="checkbox"/>
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### RECOMMENDED – Answer all boxes – TIESB will review and make determination for program approval

	YES	NO	N/A
Are your EMS training programs annually evaluated for their effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are lesson plans being used in training sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are EMS members receiving continuing training and education on the duties that they are expected to perform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are EMS members that are assigned duties provided with the proper personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain any “NO” or “N/A” answers on this page**

## Training Program Requirements for Hazardous Materials Response Teams

See document TIESB010 -  
Minimum Criteria For  
HazMat Team Training  
Program Certification

Note: Do not fill out this section unless you selected the following box on page 1:

### Hazardous Material(s) Response

If you selected this box, all questions on this page must be answered.

Are the Hazardous Material Responders expected to perform: (check applicable level(s))

Facility responses only       Mutual Aid response       Transportation-related responses

### **ABSOLUTES** – all boxes must be answered “YES” for TIESB program approval

	YES	NO
Are HazMat members approved by a qualified health care professional to perform emergency response duties?	<input type="checkbox"/>	<input type="checkbox"/>
Are HazMat members receiving training and education on the duties that they are expected to perform?	<input type="checkbox"/>	<input type="checkbox"/>
Are HazMat members required to demonstrate proficiency in the areas that they are trained?	<input type="checkbox"/>	<input type="checkbox"/>
Is the training, education, and testing of HazMat members documented?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written procedure implementing an incident management system?	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed standard operating procedures for site-specific conditions and hazards?	<input type="checkbox"/>	<input type="checkbox"/>
Are you meeting the minimum requirements for industrial hazardous materials training program approval for 29 CFR 1910.120(q) <u>and</u> NFPA 472 (2008 ed.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have your HAZMAT team members received training on the following required NIMS Courses (either classroom or on-line): <b>IS-700</b> (NIMS: An Introduction)/ <b>IS-100</b> (Introduction to ICS)/ <b>ICS-200</b> (Basic ICS)?	<input type="checkbox"/>	<input type="checkbox"/>

### **RECOMMENDED** – Answer all boxes – TIESB will review and make determination for program approval

What is the total number of members on your HazMat team?

	YES	NO	N/A
Are lesson plans being used in training sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your training instructors been trained in methods of teaching or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your HazMat training programs annually evaluated for their effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are HazMat members that are assigned provided with the proper personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any “NO” or “N/A” answers on this page**



### Program Confirmation

**This document represents the training provided for the preceding calendar year.**

On this date, \_\_\_\_\_, I, \_\_\_\_\_, acting as the Emergency Services Training Coordinator for the \_\_\_\_\_ Company, submit our facility's response training and loss prevention information to the Texas Industrial Emergency Services Board for consideration and approval as a **Participating Industrial Member** as recognized by the State Firemen's & Fire Marshals' Association of Texas. To the best of my knowledge, these records are accurate and meet the minimum criteria for Industrial Emergency Service training program approval for the reporting period of January 1, \_\_\_\_\_, through December 31, \_\_\_\_\_. I further understand that I can be called upon to verify this report should the need arise.

### SPECIAL NOTE: ***BOTH*** INDIVIDUALS MUST SIGN BELOW

(Must be handwritten or the application will be returned. Photocopies/Stamps not accepted.)

\_\_\_\_\_  
Emergency Response Training Coordinator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Official/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For TIESB Board Use Only

		DATE
RECEIVED AT SFFMA BY:		
RECEIVED BY AREA _____ COMMITTEE BY:		
PRESENTED TO BOARD BY:		
COMMITTEE MEMBER SIGNATURE: _____		
COMMITTEE MEMBER SIGNATURE: _____		
COMMITTEE MEMBER SIGNATURE: _____		
<b>APPROVED BY TIESB AS:</b>		<b>YES    NO</b>
<b><u>Fire Training Program</u></b>		
<input type="checkbox"/> Advanced Exterior Fire Fighting	<input type="checkbox"/> Advanced Exterior <u>and</u> Interior Structural Fire Fighting	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Interior Structural Fire Fighting	<input type="checkbox"/> Marine Fire Fighting for Land Based Firefighters	
<b><u>Rescue Training Program</u></b>		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Rope	<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Structural Collapse	
<input type="checkbox"/> Trench	<input type="checkbox"/> Other (List) _____	
<b><u>Medical Training Program</u></b>		<input type="checkbox"/> <input type="checkbox"/>
<b><u>HazMat Training Program</u></b>		<input type="checkbox"/> <input type="checkbox"/>
Board Member Comments		

## References

**Note: Latest editions should be utilized by participating members unless the TIESB has specified an earlier edition.**

- 29 CFR 1910.38 – Emergency Action Plans
- 29 CFR 1910.120 – Hazardous Waste Operations & Emergency Response
- 29 CFR 1910.134 – Respiratory Protection
- 29 CFR 1910.146 – Permit-Required Confined Spaces
- 29 CFR 1910.156 – Fire Brigades
- 29 CFR 1910.1030 – Blood borne Pathogens
- DSHS – (Texas) Department of State Health Services
- NFPA 471: Recommended Practice for Responding to Hazardous Materials Incidents
- NFPA 472: Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents
- NFPA 473: Standard for Competence of EMS Responders Responding to Hazardous Materials/Weapons of Mass Destruction Incidents
- NFPA 600: Standard on Industrial Fire Brigades
- NFPA 704: Standard System for the Identification of the Hazardous Materials for Emergency Response
- NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications
- NFPA 1005: Standard for Professional Qualifications for Marine Fire Fighting for Land-Based Fire Fighters
- NFPA 1006: Standard for Rescue Technician Professional Qualifications
- NFPA 1041: Standard for Fire Service Instructor Professional Qualifications
- NFPA 1081: Standard for Industrial Fire Brigade Member Professional Qualifications
- NFPA 1403: Standard on Live Fire Training Evolutions
- NFPA 1405: Guide for Land-Based Fire Fighters Who Respond To Marine Vessel Fires
- NFPA 1670: Standard on Operations and Training for Technical Rescue Incidents
- NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
- NFPA 1855: Standard on Selection, Care, and Maintenance of Protective Ensembles for Technical Rescue Incidents
- NFPA 1911: Standard for the Inspection, Maintenance, Testing, and Retirement of In-Service Automotive Fire Apparatus
- NFPA 1971: Standard on Protective Ensemble for Structural Fire Fighting and Proximity Fire Fighting
- NFPA 1981: Standard on Open-Circuit Self-Contained Breathing Apparatus for Emergency Services
- NFPA 1982: Standard on Personal Alert Safety Systems (PASS)
- NFPA 1983: Standard on Life Safety Rope and Equipment for Emergency Services
- NFPA 1989: Standard on Breathing Air Quality for Emergency Services Respiratory Protection
- NFPA 1991: Standard on Vapor-Protective Ensembles for Hazardous Materials Emergencies
- NFPA 1992: Standard on Liquid Splash-Protective Ensembles and Clothing for Hazardous Materials Emergencies
- NFPA 1994: Standard on Protective Ensembles for First Responders to CBRN Terrorism Incidents
- NFPA 1999: Standard on Protective Clothing for Emergency Medical Operations