

SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

Registration No. 2014/162285/08

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APPLICATION:

RECOGNITION OF PRIOR LEARNING

ACC 104

Vehicle & Rescue 2 - NFPA 1006, 2013

First Name/s: _____

Surname: _____

ID Number: _____ Age: _____

Employer: _____

Postal Address: _____

(Where result and certificate/s should be sent)

Postal Code: _____

Tel No: _____ Fax No: _____

Cell No: _____ Membership No. _____

NB! Membership of the Institute is a prerequisite for application of RPL

PURPOSE:

The purpose of this procedure is to assess your academical qualification **in combination with your experience** to determine if accreditation for the Vehicle & Machinery Rescue 2 qualification is appropriate. Any person with a Vehicle Rescue Qualification or equivalent (Portfolio of evidence) and **3 years Fire or Rescue Department service** and an acceptable **CV of appropriate** experience can apply.

Note: Please use additional paper if the space provided is not adequate.

1. General Requirements.

- Discuss your involvement in the planning at a commercial heavy vehicle incident, and conduct initial and ongoing size-up, given agency guidelines, planning forms, and operations-level vehicle incident or simulation, so that a standard approach is used during training and operational scenarios; emergency situation hazards are identified; isolation methods and scene security measures are considered; fire suppression and safety measures are identified; vehicle stabilization needs are evaluated; and resource needs are identified and documented for future use, as per NFPA 1006, 10.2.1

- Discuss your involvement in the stabilization of commercial/heavy vehicles, given a vehicle and machinery tool kit and personal protective equipment, so that the vehicle is prevented from moving during the rescue operations; entry, exit and tool placement points are not compromised; anticipated rescue activities will not compromise vehicle stability; selected stabilization points are structurally sound; stabilization equipment can be monitored; and the risk to rescuers is minimized, as per NFPA 1006, 10.2.2

- Discuss your involvement in the determining the heavy vehicle access and egress points, given the structural and damage characteristics and potential victim location(s), so that victim location(s) is identified; entry and exit points for victims, rescuers, and equipment are designated; flows of personnel, the victim(s), and equipment is identified; existing entry points are used; time constraints are factored; selected entry and egress points do not compromise vehicle stability; chosen points can be protected; equipment and victim stabilization are initiated; and AHJ safety and emergency procedures are enforced, as per NFPA 1006, 10.2.3

- Discuss your involvement in the creation of access and egress openings for rescue from a heavy vehicle, given vehicle tool kit, specialized tools and equipment, personal protective equipment, and an assignment, so that the movement of rescuers and equipment complements victim care and removal; an emergency escape route is provided; the technique chosen is expedient; victim and rescuer protection is afforded; and vehicle stability is maintained, as per NFPA 1006, 10.2.4

- Discuss your involvement in the disentanglement of victim(s), given an extrication incident, a vehicle tool kit, personal protective equipment, and specialized equipment, so that undue victim injury is prevented; victim protection is provided; and stabilization is maintained, as per NFPA 1006, 10.2.5

ACCIDENT REPORT

Declaration of Applicant & Management Representative/s

I, _____ (initials and surname of applicant) hereby confirm that the information is true and that I will accept the decision of the Quality Assurance Working Group with regards to my application.

Sign: _____ Date _____



I, _____ in my capacity as the Head of Training for _____ hereby confirm that the above mentioned information, provided above is correct to the best of my knowledge.

Sign: _____ Date _____
(Head of Training)



I, _____ in my capacity as the Head of Organization / Department / Section _____ hereby confirm that the above mentioned information, provided above is correct to the best of my knowledge.

Sign: _____
(Head of Organization / Department / Section)

