



# HazMat - Technician Local Verification & Mask Fit Form

NFPA 472 – 2008

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Local Verification Requirements

### 29 CFR 1910.134, Mask Fit Documentation:

The candidate has been successfully fitted to his or her Self-Contained Breathing Apparatus (SCBA) Mask in compliance with 29 CFR 1910.134 within the last twelve (12) calendar months.

I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed above. All requirements have been successfully conducted and completed per local department protocol. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department.

\_\_\_\_\_  
Typed or Legibly Printed Name of Fire Chief or Training Officer

\_\_\_\_\_  
Signature of Fire Chief or Training Officer

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Fire Department Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mail Completed Form To:** Kansas Fire & Rescue Training Institute, KU Continuing Education, 1515 St Andrews Drive, Lawrence, KS 66047