

CREPC Regional Hazmat Team
Memorandum of Understanding

Dear Chief of Department or CEO of Sponsoring Agency:

An employee or volunteer in your organization has expressed an interest in participating in the Capital Region Hazmat Team, emergency support function 10 (RESF-10) of the Capital Region Emergency Planning Committee. In the event of a regional emergency, the applicant may be activated for a hazmat response, which may be of long duration.

As a hazmat team member they remain employed by their sponsoring jurisdiction or private employer for salary and benefits. It will be the responsibility of each participating hazmat team member to clarify with their employer (and sponsoring agency if different) how or if, they will be compensated for their time or reimbursed for expenses during training or response.

For the purposes of workman compensation coverage and long term disability coverage, hazmat members who are engaged in responses or training in connection with the regional planning committee program are considered performing within the scope of their employment with their sponsoring jurisdiction, and, as such, subject to coverage's required under Connecticut State Law and/or local jurisdiction workman compensation rules.

Print Name of the Hazmat Team member/Applicant:_____.

Name of Sponsoring Agency:_____.

Municipal Chief Administrator's Name:_____.

Municipal Chief Administrator's Signature:_____.

Date:_____

Full-Time Employer's Name (if different): _____.

Name of Employer's Corporate Officer or Owner:_____.

Signature of Corporate Officer or Owner:_____.

Date:_____

This memorandum will expire January 1, 2011 and require re-execution by all parties.

**CREPC Regional Hazmat Team
Participation Agreement**

Participant Name- _____ **Home Phone** - _____

Address- _____ **Work Phone**- _____

_____ **Pager # or Cell** _____

_____ **Emergency Notification** (for Response)

Fire Department/Agency: - _____

Title: - _____

Hazmat Qualifications: EPA Technician NFPA 472 Technician
Other: _____

SCBA mask Fit Test (within last 12 months) Date: _____

Mask Type: Scott MSA Interspiro Draeger ISI Survivair

Medical Certification (within last 12 months) Date _____

Name of Doctor/Medical Provider _____

I certify that the above named individual is (an active member in good standing/ an employee) of the _____ Fire Department and is authorized to respond to Hazardous material incidents with the Capitol Region Emergency Planning Committee (CERPC) Regional Hazmat Team.

I so certify that this member meets the minimum requirements of 29 CFR 1910.120 (q) (6) (iii) Hazardous materials technician, as well as minimum physical qualifications as set forth by OSHA Standards 1910.120 and 1910.134.

I am aware that this agreement must be executed annually and kept on file with both my office and the CERPC office. .

Chief of Department

Date _____

This memorandum will expire January 1, 2011 and require re-execution by all parties.