

Buxton Fire-Rescue Employee Restriction Form

Name: _____ Job Title: _____

Date: _____

Until the following tasks are completed, you are restricted from the specific tasks (listed below) that could put you at risk of injury, illness or death.

- Annual SCBA training**
(cannot wear respirator)
- Annual training on exposure control plan**
(cannot have exposure at medical calls / 10-55's etc.)
- Annual fire extinguisher training**
(cannot use fire extinguisher except for inspection/training)
- Annual Haz-Mat training _____ level**
(cannot respond to Haz-Mat calls)
- Annual turnout gear inspection**
(do not respond until PPE is inspected)
- Annual fit testing**
(cannot wear a respirator)
- Medical clearance for respirator use**
(cannot wear a respirator)
- Hepatitis shots or waiver of declination**
(no exposure to blood / bodily fluids)

Other:

Signed

Chief: _____ Date: _____

Employee: _____ Date: _____

* Make FD officers aware of who has been restricted