

## APPENDIX 2

### HMRT Certification Preparation Guide

(This form is intended to be a self-aid only and is not intended to be submitted with final application package)

Description				
<b>Step 1: Application for Certification/ Recertification.</b>				
<ul style="list-style-type: none"> <li>- Application package must be submitted to PEMA no later than 150 days prior to recertification. <i>(Refer to Section VII.C.1.a. of D2019-02)</i></li> <li>- The HMRT Certification Package consist of four components, application (Attachment 2A or 2B), County Agreements (Attachment 3A or 3B), and the HMRT Roster (Attachment 4). <i>(Refer to Section VII.C.1. of D2019-02)</i></li> </ul>				
<b>Application (Attachments 2A or 2B)</b>				
Company or County name and Contact Info		YES		NO
Name and address of entity that formed HAZMAT Team				
Name, address and contact information of authorizing official				
Name, address and contact information for team administrator				
NIMS Team Type requested (See Appendix 1, NIMS 508 HMRT)				
Has Authorizing official signed and dated application?				
Has HMRT specified certification/ re-certification date?				
Has Notary provided their seal along with signature and date? <i>(Refer to Section VII.C.1.a.b and c of D2019-02)</i>				
<b>County Agreements/Signature Pages</b>				
If County has Commissioners use Attachment 3A <b>-OR-</b> If County is Home Rule Use Attachment 3B				
All three County Commissioners have signed		YES	NO	County Executive has signed
<i>(Refer to Section VI.C.1.c of D2019-02)</i>				
<b>HMRT Roster (Attachment 4)</b>				
Full Names of HMRT Members		YES		NO
Highest Level of Training attained obtained / Date Certified				
Employee Status (Full Time, Part Time, or Volunteer)				
Date of Criminal History Check within the Past Year				
Medical Surveillance baseline physical date				
Medical Surveillance (Date within a year of recertification date) <i>(Refer to Section VII.C.1.d of D2019-02)</i>				
<b>Step 2: Assessment</b>				
<ul style="list-style-type: none"> <li>- The Assessment Inspection must be coordinated with PEMA within 30 days after submitting the Application and no more than 90 days prior to expiration of the HMRT's current certification. <i>(Refer to Section VII.C.2. of D2019-02)</i></li> </ul>				
<b>Assessment Requirements</b>				
Complete the Post-Application Survey. *Once the Application is received, the PEMA BTH Representative will contact the Applicant and provide a link to the Post-Application Survey.		YES		NO
Provide three (3) potential dates, time, and location to PEMA in order to coordinate and schedule the Assessment inspection with the Evaluation and Assessment Team (EAT).				
Prepare for the Assessment and Complete the Binder requirements (See Appendix 4)				
Prepare for the Assessment using Attachments 5-9. *These are the Inspection checklists				
Conduct Assessment Inspection				
<i>*Any required corrections from the Assessment must be completed prior to conducting the Evaluated Exercise.</i>				
<b>Step 3: Evaluated Exercise</b>				
<ul style="list-style-type: none"> <li>- The Evaluated Exercise must be conducted a minimum of 30 days prior to expiration of an HMRTs current certification. <i>(Refer to Section VII.E. of D2019-02)</i></li> </ul>				
<b>Evaluated Exercise Requirements</b>				
Assessment is complete, and no corrections are required.		YES		NO
Provide three (3) potential dates, time, and location to PEMA in order to coordinate and schedule the Evaluated Exercise with the Evaluation and Assessment Team (EAT).				
Prepare and get approval of Scenario for Exercise by PEMA Area Office. Scenario must be in accordance with Section VIII.C.3 and/ or be provided by PEMA's Hazmat Division.				
Conduct Evaluated Exercise				
<i>*The Evaluated Exercise must be conducted by Rostered HMRT Members who have met the minimum requirements for Training and Medical Surveillance. No other HMRTs may participate in the exercise unless it is through habitual mutual aid (EMS/ Decon) or if the HMRT is certifying as a Regional Typed HMRT.</i>				