

## Total Visibility Personnel Information Record

|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|------------------|----|-------------------------------|--------------|--------------|--|------------|------------|------------------------------|--|
| <b>Critical</b>                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Last Name:                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| First Name:                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Middle Initial                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Suffix (Jr, Sr, III, etc.):                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Social Security Number:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Organization Rank/Title:                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Firefighting Qualifications Information (circle all that apply):                                                                                | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Junior F/F</td> <td style="width: 25%;">NFPA F/F-II</td> <td style="width: 25%;">NFPA F/O-II</td> <td style="width: 25%;"></td> </tr> <tr> <td>F/F (no formal certification)</td> <td>NFPA F/F-III</td> <td>NFPA F/O-III</td> <td></td> </tr> <tr> <td>NFPA F/F-I</td> <td>NFPA F/O-I</td> <td>NFPA F/O-IV</td> <td></td> </tr> </table> | Junior F/F                   | NFPA F/F-II | NFPA F/O-II      |    | F/F (no formal certification) | NFPA F/F-III | NFPA F/O-III |  | NFPA F/F-I | NFPA F/O-I | NFPA F/O-IV                  |  |
| Junior F/F                                                                                                                                      | NFPA F/F-II                                                                                                                                                                                                                                                                                                                                                                                                      | NFPA F/O-II                  |             |                  |    |                               |              |              |  |            |            |                              |  |
| F/F (no formal certification)                                                                                                                   | NFPA F/F-III                                                                                                                                                                                                                                                                                                                                                                                                     | NFPA F/O-III                 |             |                  |    |                               |              |              |  |            |            |                              |  |
| NFPA F/F-I                                                                                                                                      | NFPA F/O-I                                                                                                                                                                                                                                                                                                                                                                                                       | NFPA F/O-IV                  |             |                  |    |                               |              |              |  |            |            |                              |  |
| EMS/Medical Qualifications: NOTE: Do not declare a qualification if you are ALS certified BUT NOT ON COMMAND in your                            | <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">PA 1st Responder</td> <td style="width: 25%;">NREMT-P</td> <td style="width: 25%;">Med. Command Doc</td> <td style="width: 25%;"></td> </tr> <tr> <td>PA EMT-B</td> <td>PHRN</td> <td></td> <td></td> </tr> <tr> <td>PA EMT-P</td> <td>HP</td> <td>Date of Certification: _____</td> <td></td> </tr> </table>                            | PA 1st Responder             | NREMT-P     | Med. Command Doc |    | PA EMT-B                      | PHRN         |              |  | PA EMT-P   | HP         | Date of Certification: _____ |  |
| PA 1st Responder                                                                                                                                | NREMT-P                                                                                                                                                                                                                                                                                                                                                                                                          | Med. Command Doc             |             |                  |    |                               |              |              |  |            |            |                              |  |
| PA EMT-B                                                                                                                                        | PHRN                                                                                                                                                                                                                                                                                                                                                                                                             |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| PA EMT-P                                                                                                                                        | HP                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Certification: _____ |             |                  |    |                               |              |              |  |            |            |                              |  |
| HazMat Qualifications (circle highest level trained even if the organization you are completing this form for recognizes you at a lower level): | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Operations</td> <td style="width: 33%;">Technician</td> <td style="width: 33%;">Specialist</td> </tr> </table>                                                                                                                                                                                                                           | Operations                   | Technician  | Specialist       |    |                               |              |              |  |            |            |                              |  |
| Operations                                                                                                                                      | Technician                                                                                                                                                                                                                                                                                                                                                                                                       | Specialist                   |             |                  |    |                               |              |              |  |            |            |                              |  |
| Radiological Qualifications (circle all that                                                                                                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Rad Asst.</td> <td style="width: 16.6%;">Rad Monitor</td> <td style="width: 16.6%;">RRT</td> <td style="width: 16.6%;">RO</td> <td style="width: 16.6%;">Rad Instructor</td> </tr> </table>                                                                                                                                            | Rad Asst.                    | Rad Monitor | RRT              | RO | Rad Instructor                |              |              |  |            |            |                              |  |
| Rad Asst.                                                                                                                                       | Rad Monitor                                                                                                                                                                                                                                                                                                                                                                                                      | RRT                          | RO          | Rad Instructor   |    |                               |              |              |  |            |            |                              |  |
| <b>Desired</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Date of Birth:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Sex:                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Primary email address:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home Address # and Street:                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home Address Line 2:                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home Address City/Post Office:                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home Address State                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home Address Zip:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Best 24hr. Phone:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home Phone:                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Cell Phone:                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Nextel D/C                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Pager:                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Home fax:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| <b>Optional:</b>                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Family Physician:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Preferred Hospital:                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Medical Allergies (indicate nature of reaction)                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Current Medications:                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |
| Significant Past Medical History:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |             |                  |    |                               |              |              |  |            |            |                              |  |