

Student Certification Statement

As a student about to participate in the “Hot Hay” training program at, Middlesex County Fire Academy (location of training) on _____(date) I _____(print, first and last name) certify that I meet the following conditions:

The Structural Fire Fighting Gear (PPE) and the Self Contained Breathing Apparatus (SCBA) I will be wearing for this training meets NJ’s Public Employee’s Occupational Safety and Health Association standards.
_____ (Student initials)

I certify that I am physically fit enough to participate in this training program that takes place in an approved class A burn building, using live fire, to simulate a realistic fire-ground condition.
_____ (Student initials)

I certify that I am properly trained in the use of my Structural Fire Fighting Gear (PPE) and the SCBA I will be using at this training event.
_____ (Student initials)

I certify that I am currently covered through my employer’s compensation insurance.
_____ (Student initials)

(Student Signature)

(Date)