

## **Characteristics of Urban Search and Rescue Operations**

Structural collapse and rescue operations are performed in very dangerous and physically demanding environments. Personnel involved in Urban Search And Rescue (US&R) operations must possess the stamina necessary to safely and effectively carry out sustained operations over many hours, often without sleep or sufficient relief.

For IA-TF1 personnel to safely and effectively perform the duties and missions assigned to the Task Force, each Member must be relied on to be able to perform sustained physical tasks under difficult and dangerous conditions.

IA-TF1 personnel must possess sufficient upper body strength to transport, handle and operate heavy tools and equipment. Each Member of IA-TF1 who enters a collapsed building must be capable of:

- Negotiating rubble piles and uneven surfaces
- Working in confined spaces
- Climbing ladders and working at various heights
- Quickly exiting void spaces to escape dangers associated with the secondary collapse of a structure.

All Members of IA-TF1 are required to be physically and medically capable of performing various Search & Rescue tasks. Task performance abilities and individual conformance to mandatory physical standards will be tested annually. Determinations regarding any IA-TF1 Member's fitness for duty must consider the Member's ability to perform any and all of the critical tasks in a safe and efficient manner without risking harm to the Team Member, other Team Members and to the public.

## **IA-TF1 Physical Ability Test**

The Physical Ability Test will be conducted at a designated time and place and will basically incorporate the following events:

### **Event 1: Confined Space Entry**

Crawl through a tube 20 feet long and 24 inches in diameter by crawling from one end to the other, then crawling backward to the point of origin.

### **Event 2: Ladder Climb**

Ascend a 35-foot fire department ladder; touching the top rung with one hand and then descending back to the ground without stopping while going up or down the ladder.

### **Event 3: Equipment Carry**

Lift a 50-pound box from an elevated surface and carry it in a walking carry for 200 feet without putting the box down and then returning the box to the starting point. Dropping the box also constitutes a failure of this test.

### **Event 4: Tool Carry**

Lift a 45-50 pound hydraulic tool from the lift gate of a trunk and place it on the ground, then return the tool back to the lift gate. This procedure will be repeated ten times. Hands may be switched provided the Applicant verbally indicates that switching of hands is desired before actually doing so.

### **Event 5: Balance Beam Walk**

Walk the length of a 12-foot beam that is 5 1/2 inches wide unsupported and unassisted. Falling off or stepping from the beam constitutes a failure of this test.

*This physical ability test is the minimum required by IA-TF1 for certification as a US&R Team Member.*

*The Critical Tasks and Fitness Standards Form included in this packet must be reviewed and signed by your personal physician. By doing so, your doctor is certifying that he or she knows of no medical reasons why you would be unable to participate in the physical ability test.*

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## **IA-TF1 Critical Tasks and Fitness Standards Form**

Please ask your physician to review the following critical tasks listed on the following page and to check the applicable box for each critical task and to certify the results.

A check in the "Yes, Without Limitations" column indicates that the physician believes that the Applicant is medically capable of performing the task or requirement described;

A check in the "Yes, With Limitations" column indicates the physician believes that the Applicant is medically capable of performing the task or requirement described, but with some limitations. This box should also be checked whenever the Applicant has a condition that is controlled by medication;

A check in the "No" column indicates the physician believes that the Applicant is medically or physically incapable of performing the task or requirement described in a safe or efficient manner due to a medical or physical condition.

## IA-TF1 Critical Tasks and Fitness Standards Form

*(To be completed by the Applicant's physician only)*

<b>Condition or Task Described</b> <i>(check the appropriate box to the right)</i>	<b>Yes, Without Limitations</b>	<b>Yes, With Limitations</b>	<b>No</b>
Must be able to function in stressful environments without presenting a significant likelihood of harm to self or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl through a 20' long, 24" in diameter tube, then reverse direction and crawl backward 20' to the starting point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to pick up a box or similar object with a gross weight of 50 pounds and carry it 200' and then back another 200' over a smooth and level concrete or asphalt surface without putting the box down or dropping it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to remove a 45 - 50 pound hydraulic rescue tool from the lift gate of a truck, set the tool on the ground, then return the tool to its position, alternatively from the ground to the vehicle bed and back to the ground, 10 times within a two-minute test period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk the length of an elevated, 12' long, 5 1/2" wide beam without stepping off or falling from the beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to push, pull, lift and possess the necessary ability, leverage and balance to attempt rescue of Team Members or collapsed structure victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to lift, hold, carry, leverage, balance and possess the endurance to move a Team Member or collapsed structure victim who cannot move or assist with their removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess stamina, strength, balance, endurance, leverage and upper and lower body strength to take the actions necessary to effect a rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess the ability to be trained in the use of heavy hydraulic tools, i.e., possess sufficient grip strength, upper body strength, and good wrist, hand or elbow dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk, for long periods of time over long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb over or jump over obstacles during emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl under or over obstructions and into confined areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to be able to balance on uneven or narrow surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must have good visual acuity, good peripheral vision, and good depth perception both during daylight hours or in darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to perform each task listed above during all weather conditions and in adverse and physically hazardous conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb a 35' ladder, touch the top rung and then descend to the floor without stopping or resting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IA-TF1 Critical Tasks and Fitness Standards**  
**Physician's Certification**

**On the date listed below, I have:**

Reviewed the medical records of this Applicant:       Yes       No

Personally examined this Applicant:       Yes       No

**Please check one of the following boxes:**

1.            I certify that, in my professional judgment, I am not aware of any medical reason or condition that would cause this Applicant to not be able to perform the critical tasks and physical standards listed on this form. Further, this Applicant should be able to physically perform these tests without limitations and without posing an unreasonable risk of harm to the Applicant or to other persons.
  
2.            I certify that, in my professional judgment, this Applicant cannot perform one or more of the listed critical tasks or does not conform to all of the physical standards listed on this form.

**Other Instructions To Physician:**

If you checked Box # 2 directly above this line, please explain in the space provided below.

If you checked any box of the IA-TF1 Critical Tasks and Fitness Standards on the previous page in either the **“Yes, With Limitations”** column or in the **“No”** column on this form, please explain your reason for doing so in the space provided below. Describe any reasonable accommodations that you believe can be made to permit this Applicant to be able to perform the tasks required or to be able to substantially conform to the standards required. Attach further documentation to this form as required.

**Physician's Notes and Comments**

<i>Name of Physician (please print)</i>	<i>Date</i>
<i>Signature of Certifying Physician</i>	<i>Telephone No.</i>
<i>Business Address (street, city or town, ZIP Code)</i>	