



SMAT II NORTH CAROLINA

SMAT CHECK OFF LIST

Indicate completed with date in the blanks

REQUIRED EHPC Paperwork

- | | |
|---|---|
| _____ Signed SMAT application | _____ SRMS Responder |
| _____ Completed ReadyOp Form | _____ IS 100 |
| _____ Registered on NC TERMS | _____ IS 200 |
| _____ Signed Behavior Policy | _____ IS 700 |
| _____ Signed Insurance Waiver | _____ IS 800 |
| _____ Certifications/License (copy) | _____ SRMS EMS Responder (AST Missions) |
| _____ Driver's License (copy -front & back) | _____ |

ANNUAL Training

- _____ Hours of Training
- _____ Event _____ Event _____ Event
- _____ Event _____ Event _____ Event
- _____
- _____
- _____
- _____

OPTIONAL Training

- _____ ICS 300
- _____ ICS 400

OPTIONAL Training

- _____ - Forklift
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____

REQUIRED EHPC Training Modules

Date reviewed _____

Reviewed by _____