

2017-FR 05 Work Restriction



Westbrook Fire & Rescue Department
Standard Operating Procedure

Forms

Work Restriction Form

Name: _____

Date: _____

Until the following tasks are completed, you are being placed on work restriction. Failure to attend the training topics below could put you at increased risk of injury, illness or death. Once you are placed on Work Restriction, you are not allowed to work shifts, respond on calls or attend any department related events or activities until the restriction(s) are lifted. Members will be required to use any accruals they may have earned.

- Annual SCBA training/Fit Testing
- Annual training on exposure control plan
- Annual Mandatory Training
- Annual Driver Training
- Annual turnout gear inspection
- Medical clearance for respirator use and/or Periodic Physical Exam (if required)
- Hepatitis shots or waiver of declination

Signatures

Chief Officer: _____ Date: _____

Member: _____ Date: _____

Work Restriction Removed

Chief Officer: _____ Date: _____