

Texas Fire Chiefs Association

Best Practices Recognition Program

Recertification Form

Department Name:

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Initial Best Practices Recognition Date:

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Best Practices Recognition Expiration Date:

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Recertification Form Submittal Date:

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Part 1: Check the box if your agency has completed the following tasks

The organization has maintained and/or updated applicable written policies and procedures per TFCA Best Practices guidelines.

The organization has documented that all agency members have received training on updates and/or changes to applicable written policies, procedures, and practices.

The organization has reviewed and/or updated written job descriptions as required for each position.

The organization has reviewed and/or updated applicable policies on training documentation.

The organization has reviewed policies and/or methods regarding to documentation storage.

All agency personnel and dispatchers have conducted annual training on the "Mayday" policy.

All agency personnel and dispatchers have conducted annual training on the "PAR" policy.

The organization has reviewed and/or updated the "Wellness and Fitness" policy.

The organization has reviewed and/or updated the official process for reporting firefighter injuries.

The organization has reviewed and/or updated the official process to handle a firefighter fatality.

The organization has reviewed and/or updated policies regarding the established guidelines and manufacturer standards for equipment (Fire hose, SCBA, PPE, etc.).

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Part 2: Briefly describe any areas that needed improvement following your Best Practices certification. Provide documentation and a [Document Submission Form \(DSF\)](#) for each deficient area to demonstrate that improvements have been. You may attach additional pages as needed.

Part 3: The Fire Chief or Department Director Must Sign one of the following statements

I certify that department SOG's and protocols are in continued compliance with the Texas Fire Chiefs Association Best Practices Recognition Program.

Signature of Fire Chief or Department Director

Date

I certify that department SOG's and protocols are **NOT** in continued compliance with the Texas Fire Chiefs Association Best Practices Recognition Program. The areas which are out of compliance have been listed above in "Part 2" of this document.

Signature of Fire Chief or Department Director

Date

Part 4: The Fire Chief or Department Director must sign the following Certification Statement

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify my department from the Texas Fire Chiefs Association Best Practices Recognition Program.

Signature of Fire Chief or Department Director

Date