



**Dugway Proving Ground (DPG)**

**(PER-226)**

**Advanced Chemical/Biological Integrated  
Response Course (ACBIRC)**

**Student Application  
for  
Washington State  
First Responders**

**Oct 2004**



Student Application Package - ACBIRC

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**SPONSOR:** U.S. Department of Justice  
Office of Justice Programs  
Office for Domestic Preparedness



**HOST:** Dugway Proving Ground



**PRESENTERS:** Special Programs Division



This package includes important information that must be read, understood, and signed. *The attached worksheets must be filled out, signed by your supervisor and forwarded to Washington State Emergency Management.*

**Point of Contact:**  
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# OUT-OF-STATE

PER-226

PERFORMANCE LEVEL COURSE

## *Advanced Chemical and Biological Integrated Response Course (ACBIRC) – Technician Level*

*Delivered by U.S. Army Dugway Proving Ground (DPG), Special Programs Division (SPD)*

### **COURSE DESCRIPTION**

This course is designed to provide students with hands-on problem-solving opportunities regarding chemical and biological incident response. This course will introduce topics and information, provide laboratory experiences, and culminate with a free-play exercise to practice concepts taught in the classroom and laboratory. Dugway Proving Ground (DPG), West Desert Test Center (WDTC) Special Programs Division (SPD), currently provides many of the Nation's protectors with state-of-the-art advanced Chemical and Biological Counter-Terrorism courses. These Ph.D.-taught courses provide lectures and hands-on training in chemical and biological environments, focusing on agent characteristics, sampling, protection, detection, decontamination, and signatures. Onsite courses allow students to work in a controlled environment with live agents in biological level 2 and 3 laboratories, and to research, develop, test, and evaluate (RDTE) solutions in certified chemical facilities. Biological and chemical simulants laced with tracers are used to enhance practical exercises for real-time readings and realism of the training.

### **COURSE OBJECTIVES**

- ❖ Provide a hands-on training environment, focused on chemical and biological detection, signature, and sampling, for first responders in order to enhance their readiness to respond to a domestic chemical or biological terrorist attack.
- ❖ Provide opportunities to participate in realistic practical exercises to test tactical skills in the detection, forensic sampling, and packaging of agents in biological and chemical scenarios.

### **COURSE LENGTH**

40 hours

### **PREREQUISITE**

Participants must be certified HazMat Technicians, and have successfully completed PER-222.

### **TARGET AUDIENCE/DISCIPLINE**

- ❖ Hazardous Material

### **CERTIFICATE**

ACBIRC Certificate

### **COURSE DELIVERY**

Delivered at the U.S. Army Dugway Proving Ground, West Desert Test Center.

### **COST**

All training, course materials, equipment, and housing are free to eligible jurisdictions.

## Student Information Sheet

*Fill in the appropriate information.*

Date Preference:

1. \_\_\_\_\_

2. \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Organization You Are Representing: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you attended the ODP Course PER-222 Sampling Techniques and Guidelines \_\_\_ Yes \_\_\_ No (prerequisite)

Washington State Point of Contact: Rosanne Garrand

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Sizing Sheet for (Name) \_\_\_\_\_

*Circle the appropriate size in each category.*

**For shoe size please indicate actual shoe size**

<b>SCBA MASK</b> (if known)	small	medium	large	X-large	XX-large
<b>MSA MASK</b>	small	medium	large	X-large	
<b>JACKET</b>	small	medium	large	X-large	XX-large
<b>PANTS</b>	small	medium	large	X-large	XX-large
<b>GLOVES</b>	small	medium	large	X-large	XX-large

**SHOES**            M \_\_\_\_\_ W \_\_\_\_\_  
(please indicate actual shoe size)



## Security Voucher Form

*Fill in the appropriate information and have your supervisor sign it.*

1. The listed personnel are on official duty at US Army Dugway Proving Ground for training from \_\_\_\_\_ from \_\_\_\_\_  
(Date) (Location)

(e.g. *San Antonio Fire Station xx, San Antonio, Texas*). The class being attended is **ACBIRC**.

2. I understand that part of this training will include entry into a biological safety level 3 facility at the Life Sciences Division and work with vaccine strains of agents such as *Bacillus anthracis*, *Yersinia pestis* and *Francisella tularensis*.

3. Mr./Ms. \_\_\_\_\_ has been with the department for \_\_\_\_\_ years during which time he/she has given no reason to question his/her loyalty to the department, the State of \_\_\_\_\_, or the United States Government.

4. Insofar as I am able, I vouch for Mr./Ms. \_\_\_\_\_ in terms of security while he/she is participating in the training at US Army Dugway Proving Ground, Utah.



\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Organization

**OSHA RESPIRATOR MEDICAL EVALUATION  
MANDATORY QUESTIONNAIRE**  
*Must be completed and attached to application.*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Sex (circle one): Male / Female Height: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.  
Age (to nearest year): \_\_\_\_\_ Job Title: \_\_\_\_\_  
Have worn a respirator before (circle one): Yes / No  
If "yes", what type(s): \_\_\_\_\_

**MANDATORY MEDICAL QUESTIONS**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes / No  
Pack history: \_\_\_\_\_
  
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): Yes / No
  - b. Diabetes (sugar disease): Yes / No
  - c. Allergic reactions that interfere with your breathing: Yes / No
  - d. Claustrophobia (fear of closed-in places): Yes / No
  - e. Trouble smelling odors: Yes / No
  
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: Yes / No
  - b. Asthma: Yes / No
  - c. Chronic bronchitis: Yes / No
  - d. Emphysema: Yes / No
  - e. Pneumonia: Yes / No
  - f. Tuberculosis: Yes / No
  - g. Silicosis: Yes / No
  - h. Pneumothorax (collapsed lung): Yes / No
  - i. Lung cancer: Yes / No
  - j. Broken ribs: Yes / No
  - k. Any chest injuries or surgeries: Yes / No
  - l. Any other lung problem that you've been told about: Yes / No
  
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
  - a. Shortness of breath: Yes / No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes / No
  - e. Shortness of breath when washing or dressing yourself: Yes / No
  - f. Shortness of breath that interferes with your job: Yes / No
  - g. Coughing that produces phlegm (thick sputum): Yes / No

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## Student Application Package - ACBIRC

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### PAGE 2 - OSHA RESPIRATOR MEDICAL EVALUATION MANDATORY QUESTIONNAIRE

- h. Coughing that wakes you early in the morning: Yes / No
  - i. Coughing that occurs mostly when you are lying down: Yes / No
  - j. Coughing up blood in the last month: Yes / No
  - k. Wheezing: Yes / No
  - l. Wheezing that interferes with your job: Yes / No
  - m. Chest pain when you breathe deeply: Yes / No
  - n. Any other symptoms that you think may be related to lung problems: Yes / No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes / No
  - b. Stroke: Yes / No
  - c. Angina: Yes / No
  - d. Heart failure: Yes / No
  - e. Swelling in your legs or feet (not caused by walking): Yes / No
  - f. Heart arrhythmia (heart beating irregularly): Yes / No
  - g. High blood pressure: Yes / No
  - h. Any other heart problem that you've been told about: Yes / No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes / No
  - b. Pain or tightness in your chest during physical activity: Yes / No
  - c. Pain or tightness in your chest that interferes with your job: Yes / No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes / No
  - e. Heartburn or indigestion that is not related to eating: Yes / No
  - f. Any other problems that you think may be related to heart or circulation problems: Yes / No
7. Do you currently take medication for any of the following problems:
- a. Breathing or lung problems: Yes / No
  - b. Heart trouble: Yes / No
  - c. Blood pressure: Yes / No
  - d. Seizures (fits): Yes / No
8. If you've used a respirator, have you had any of the following problems? (If you've never used a respirator, go to question 9)
- a. Eye irritation: Yes / No
  - b. Skin allergies or rashes: Yes / No
  - c. Anxiety: Yes / No
  - d. General weakness or fatigue: Yes / No
  - e. Any other problem that interferes with your use of a respirator: Yes / No
9. Have you ever lost vision in either eye (temporarily or permanently): Yes / No
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## Student Application Package - ACBIRC

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### PAGE 3 - OSHA RESPIRATOR MEDICAL EVALUATION MANDATORY QUESTIONNAIRE

10. Do you currently have any of the following vision problems?
- |                                     |          |
|-------------------------------------|----------|
| a. Wear contact lenses:             | Yes / No |
| b. Wear glasses:                    | Yes / No |
| c. Color blind:                     | Yes / No |
| d. Any other eye or vision problem: | Yes / No |
11. Have you ever had an injury to your ears, including a broken eardrum? Yes / No
12. Do you currently have any of the following hearing problems?
- |                                       |          |
|---------------------------------------|----------|
| a. Difficulty hearing:                | Yes / No |
| b. Wear a hearing aid:                | Yes / No |
| c. Any other hearing or ear problems: | Yes / No |
13. Have you ever had a back injury? Yes / No
14. Do you currently have any of the following musculoskeletal problems?
- |  |          |
|--|----------|
| a. Weakness in any of your arms, hands, legs, or feet:                   | Yes / No |
| b. Back pain:  | Yes / No |
| c. Difficulty fully moving your arms and legs:                           | Yes / No |
| d. Pain or stiffness when you lean forward or backward at the waist:     | Yes / No |
| e. Difficulty fully moving your head up or down:                         | Yes / No |
| f. Difficulty fully moving your head side to side:                       | Yes / No |
| g. Difficulty bending at your knees:                                     | Yes / No |
| h. Difficulty squatting to the ground:                                   | Yes / No |
| i. Climbing a flight of stairs or a ladder carrying more than 25 pounds: | Yes / No |

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This student has been screened per OSHA regulation 29 CFR 1910.134 for respirator use, and is medically cleared for fit testing.

Physician or Medical Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(RN, PA, M.D. or Nurse Practitioner)