OFFICE OF STATE FIRE MARSHAL
HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAMS
STANDARD OPERATING GUIDELINE

SUBJECT:	Reimbursed Training, Seminars and Conferences Guidelines	Number: T-014
OBJECTIVE:	To Provide Guidelines for Requesting Approval for and Reimbursement of Team Personnel Expenses for Training, Seminars and Conferences.	**OSFM Approved:** Signature on file at OSFM Robert t. Panuccio, State Fire Marshal **Adoption Date:** October 27, 1993 **Revision Dates:** March 1, 1996

I. SCOPE

This guideline applies to all regional response team personnel who wish to attend training events, seminars or conferences at State expense. The State will only reimburse training, seminar and conference expenses for personnel who have been granted prior approval.

II. REQUESTS FOR APPROVAL

All requests for training, seminars and conferences will be made on state-approved forms. Requests must include:

1) Request for Training
2) *Proposed* Travel Expense Detail Sheet
3) Copy of completed Registration form
4) Course, seminar or conference information brochure.

Registration with the provider of the event is the responsibility of the student, and a copy must be submitted to OSFM with the Request for Training form.

Requests must be signed by the Applicant, Team Administrator and/or Team Training Coordinator. Requests must be received by the Office of State Fire Marshal no later than 14 days prior to first day of training, seminar or conference.

Requests for out-of-state events requiring airline travel must be received no later than 30 days prior to first day of training, seminar or conference to allow for the most reasonable

airfare available. All airline tickets must be booked through the state travel agent and paid directly by the State Fire Marshal's Office.

A. Training

If the training is designed to meet NFPA or OSHA standards, the training will normally be approved and reimbursed by the Office of State Fire Marshal. Said training would also be approved pursuant to OAR 837-120-301 through 837-120-401.

B. Seminars / Conferences

The Teams Training Advisory Committee (TTAC) may review informational materials for conferences and seminars for quality/value and provide recommendations to the Office of State Fire Marshal on the number of personnel to attend, and the skill level required.

III. REIMBURSEMENTS

The amount reimbursed by the State will be deducted from the team's training account. Requests for reimbursement of training, seminar or conference expenses shall be made on state-approved forms (Attachment 1). A Travel Expense Detail Sheet for *Actual* expenses shall be submitted within 15 days of completion of training, seminar or conference. *Original* receipts for all expenses, excluding meals, over $25 must accompany request, except when paid by the state directly to provider of services, i.e. lodging facility, airline or sponsor of event. Detailed instructions for completeing the Travel Expense Detail Sheet are printed on the reverse side of the form.(Attachment 2)

IV. ADVANCED TRAINING

Advanced training is that training beyond the requirements for Hazardous Materials Technician Weeks 1 & 2, and Weeks 3 & 4. and includes Train-the-Trainer courses, specialty training, and continuing education. TTAC can act as a review board for regularly scheduled advanced training for quality/value and provide recommendations to the Office of State Fire Marshal on the number of personnel to attend and the skill level required. All requests for advanced training, and reimbursement shall be submitted on State approved forms as outlined in Sections II. and III. above.

V. PREREQUISITES FOR TRAINING ATTENDANCE

A. *Hazardous Materials Technician Weeks 1 & 2* Course

Prior to receiving authorization to attend the *Hazardous Materials Technician Weeks 1 & 2* Course, applicants shall have met the following requirements:

1. *Successfully completed the State Fire Marshal's *Hazardous Materials Operations for First Responders* course, *or*

2. *Passed the examination for said course as administered by an end-user instructor or adjunct instructor who has been certified by the State Fire Marshal for delivery of said course.

3. Applicants shall also have successfully achieved a competency level of "Basic Firefighter" in accordance with the requirements of OAR 437-02-151, *or*

4. Successfully demonstrated to their employer, proficiency in the use of SCBA and fire service hose and nozzles, as identified in the following Department of Public Safety Standards and Training objectives:

#05-06.02	#05-08-01	#05-08.04	#05-11-01	#05-11.04
#05-06.03	#05-08.02	#05-08.05	#05-11.02	#05-11.05
#05-08.03	#05-11.03	#05-11.06		

**NOTE*: Successful completion (i.e., "passing grade") shall be a minimum of eighty percent correct answers on the final examination. Successful completion must be verifiable by the State Fire Marshal's Office through a records check of the Department of Safety Standards and Training files, *or* applications for the *Hazardous Materials Technician Weeks 1 & 2* course shall be accompanied by a written statement, signed by the examination proctor, indicating the passing of the examination as well as date and location where examination was administered.

This documentation shall accompany the application forms. Applications shall not be considered "received" by the State Fire Marshal until such completed documentation has been submitted.

B. *Hazardous Materials Weeks 3 & 4* Course

Prior to receiving authorization to attend the *Hazardous Materials Weeks 3 & 4* Course, applicants shall have met the following requirements:

1. *Successfully completed the State Fire Marshal's *Hazardous Materials Technician Weeks 1 & 2, or*

2. *Passed the written and practical examinations for said course as administered by an end-user instructor or adjunct instructor who has been certified by the State Fire Marshal for delivery of said course, or

3. Have successfully completed equivalent training such as HazMat Technician II, HazMat Tech/Specialist, or equivalent, *or*

4. Successfully demonstrated to their employer competency in the skills required of a Hazardous Materials Technician, as defined in NFPA 472, *Professional Competence of Responders to Hazardous Materials Incidents*, 1994 Edition.

   **NOTE*: Successful completion (i.e., "passing grade") shall be a minimum of eighty percent correct answers on the final written examination and a passing grade on all five performance criteria in the psychomotor skills evaluation. Successful completion must be verifiable by the State Fire Marshal's Office through a records check of the Department of Public Safety Standards and Training files, *or* applications for the *Hazardous Materials Weeks 3 & 4* course shall be accompanied by a written statement, signed by the examination proctor, indicating the passing of the examination as well as date and location where examination was administered.

   This documentation shall accompany the application forms. Applications shall not be considered "received" by the State Fire Marshal until such completed documentation has been submitted.

C. *Challenge Examinations and Bridging Courses*

The state will reimburse for completion of those portions of training determined to be necessary based on a needs assessment for challenge exams.

VI. UNSUCCESSFUL COMPLETION OF COURSE

The team administrator shall be notified whenever a team member fails to complete a training course or receives a failing grade from a training course for which the State has paid.

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REGIONAL HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAMS
TRAVEL EXPENSE DETAIL SHEET

☐ PROPOSED EXPENSES

☐ ACTUAL EXPENSES

SEE REVERSE FOR INSTRUCTIONS
Complete regulations governing travel by Team Members are contained in the current State of Oregon Executive Department Administrative Rules.

For Month of Year	Date
For reimbursement to local department, please include Federal Tax ID #:	Team Member Name
Payee	Team Name Team #
Mailing Address	Mailing Address
City State Zip	City State Zip
Location (City) of Official Station	Telephone No. ( ) SSN

Course Name/Title

Date	Time of Departure from Station	Time of Return to Station	Destination	Per Diem/ Hourly Allowance	Individual Meal Reimbursement Breakfast	Lunch	Dinner	Lodging	TOTAL
			TOTALS						

(OSFM Use Only) Cost Center/Distribution	Date	MISCELLANEOUS EXPENSES Fares, Private Mileage, Room Tax, Telephone, Other Expense	Vehicle Miles	Mileage Rate	Amount
Project #					
TOTALS					

REASON FOR TRAVEL: (Be specific; Must be complete for all travel expenses.)	GRAND TOTAL AMOUNT

Check here if sharing a room and enter name of other person: ☐ Shared Room Name of Roommate: Team #			
I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been previously claimed or will be claimed from source. Signature of Team Member Date			
I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered an been allotted for expenditure. Approved By OSFM Title Teams Coordinator Date			

REGIONAL HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAM
TRAVEL EXPENSE DETAIL SHEET - INSTRUCTIONS

For additional information, see Executive Department Travel Rules at http://scd.das.state.or.us/oam.htm or contact the Office of the State Fire Marshal HazMat Teams unit at (503) 373-1540. Federal per diem rates can be found at http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd00d.html.

A completed Travel Expense Detail Sheet showing proposed expenses is attached to the Request for Training and submitted to the OSFM for approval. A Travel Expense Detail Sheet of actual expenses is submitted with any corrections, additions, or deletions, to the OSFM within FIFTEEN DAYS of the completion of training or last date of seminar/conference.

ORIGINAL RECEIPTS for all lodging expenses claimed and for miscellaneous expenses over twenty-five dollars MUST be attached to original copy of this form. Receipts for meals need not be included.

For Month of: Enter the month and year for which expenses are being claimed.
Payee Name and Address: Enter the name of the person or department to whom the reimbursement is to be made. Enter the complete mailing address for the Payee. Reimbursement cannot be made without this information.
Location (City) of Official Station: This is the name of the city where you are officially stationed for regular duty.
Team Member Name: Enter the name of the team member.
Team Name and Team #: Enter the name of the team you represent and team number, i.e. Douglas County HazMat Team and Team # 01.
Mailing Address: Enter your mailing address where you receive official mail.
Telephone No.: Enter your daytime telephone number.
SSN: Enter your social security number.
Course Name/Title: Identify the name and/or title of the course or training to be attended.
Date: Enter all dates for which claims are being made.
Time of Departure from Station: For the first date of travel, enter the time of departure from your official station. Times do not need to be entered for days you do not travel.
Time of Return to Station: For the last date of travel, enter the time of return to your official station.
Destination: Enter the name of the city you are traveling to on the first date. Enter the name of the city you are returning to on the last date.
Per Diem/Hourly Allowance: If you are traveling and rooming alone, use the State per diem rates as listed in the Executive Department Travel Rules. The daily rate applies to a 24-hour period, with an additional amount for every additional hour past the end of the last full 24-hour period.
Individual Meal Reimbursement: This applies when traveling and sharing a room. Enter individual meal rates for those meals not included in the cost of training/seminar/conference or travel arrangements (i.e. meals provided on an airline).
Lodging: Enter the actual cost of lodging, up to the maximum allowable under Executive Department Travel Rules, not including room tax. Each room mate submits for their 50% of the lodging and room tax. (Room tax is listed under "Miscellaneous Expenses.")
Total: Enter the totals for each day, as well as the totals for each column. Sum of the columns should equal the sum of the daily totals.
Miscellaneous Expenses: Fares, Private Car Mileage, Room Tax, Telephone Charges (one *5-10 minute* call home every other day, starting the 1st day), and Other Expenses. Receipts are not required for miscellaneous expenses under $25.00.
Vehicle Miles: The number of miles traveled in a personal vehicle on official business.
Mileage Rate: State mileage rate as listed in Executive Department Travel Rules.
Amount: Enter the amount for each item of expense.
Grand Total Amount: Add expenses from Total of Meals and Lodging to Total of Miscellaneous Expenses.
Reason for Travel: Be specific in stating reason for travel.
Shared Room: Check box if you shared a room with another person. List the name and team number of the other occupant.
Signature: The travel expense detail sheet must be signed by the team member, certifying that requests for reimbursement is for actual expenses not claimed from any other source. Signature must be original. Fax and photocopies will not be accepted.