



New Jersey State First Aid Council, Inc.

EMS Council of New Jersey

2040 Millburn Avenue, Suite 102-1
Maplewood, New Jersey 07040



Standards Inspection Completion Certificate

SQUAD NAME: _____

ADDRESS: _____ AREA: North Central South

TOWN: _____ DISTRICT: _____

Training Records Certification

We certify that all members who provide emergency medical treatment are trained in accordance with EMS Council of New Jersey training requirements as of this date.

Captain or Chief's Signature	President's Signature
Printed Name & Date	Printed Name & Date

Vehicle Inspection Summary

Vehicle #	Decal #	Vehicle #	Decal #	Vehicle #	Decal #
Vehicle #	Decal #	Vehicle #	Decal #	Vehicle #	Decal #
Vehicle #	Decal #	Vehicle #	Decal #	Vehicle #	Decal #

The above agency is compliant with EMS Council of New Jersey standards as of this date.

INSPECTOR: _____ DATE: _____

PLEASE PRINT ALL INFORMATION LEGIBLY AND RETURN FORMS TO:

DANIEL SULLIVAN, 405 VICTOR STREET, SCOTCH PLAINS, NJ 07076-1916

ATTN: 2026 STANDARDS COMMITTEE - EMSCNJ