



COUNTY OF ULSTER

FIRE COORDINATOR'S OFFICE
238 GOLDEN HILL LANE
KINGSTON, NEW YORK 12401-6440

Michael P. Hein, County Executive

Chief Fire Coordinator

Charles Mutz

24 Brooks Drive
Kerhonkson, NY 12466
Home 845-626-7783
Cell 845-389-0806

Deputy Fire Coordinator

Wayne T. Freer

PO Box 32
Esopus, NY 12429
Cell 845-384-6458

Deputy Fire Coordinator

Edward Wilhelm

PO Box 164
Napanoch, NY 12458
Cell 845-399-2301

Deputy Fire Coordinator

Thomas Planz

135 Brown Station Rd
Olivebridge, NY 12461
Cell 845-750-7041

Deputy Fire Coordinator

Christopher Worrad

1071 Kings Hwy
Saugerties, NY 12477
Cell 845-416-6101

INSTRUCTIONS FOR FILLING OUT ACCOUNTABILITY FORMS AND SUBMITTING PHOTOS

ACCOUNTABILITY FORMS:

- 1 Personnel Information is Mandatory to be filled out for the Accountability System.
- 2 FDID# is your Fire Department County ID 560XX
- 3 FD PIN# is your Fire Department in house Accountability Number if Applicable
- 4 Contact Name and Contact Number are also Mandatory to be filled out for the Accountability System
- 5 Medical Information is Optional for those individuals not wanting Medical Information in the Accountability System.
- 6 The Personnel, Contact, and Medical Information Portion of the Form **MUST BE** Dated and Signed by the Individual filling out this portion of the form.
- 7 The Qualifications Portion of the Accountability Form **MUST BE** Completed by the Fire Department Chief or Fire District Chief or Fire Department Training Officer or Fire District Training Officer.
- 8 The Qualifications Portion of this Form also **MUST BE** Dated and Signed by the Fire Department Chief or Fire District Chief or Fire Department Training Officer or Fire District Training Officer.

ACCOUNTABILITY PHOTOS FOR SUBMITTING

Accountability photos can be taken by Digital Photography **MUST HAVE INDIVIDUALS NAME** assigned to digital photo, either by adding name to jpeg number or by placing the Individuals name on a piece of paper (Must be large enough to be legible) and holding it in front of them below the shoulders. A clean background for the Digital Photos is required.

ALL PHOTOS SUBMITTED MUST BE ON A THUMB DRIVE TO IMPORT ONTO CARDS.

Forms and Photos can be submitted to 238 Golden Hill Ln. Kingston, NY. 12401. C/O Deputy Coordinator Chris Worrad, or to your individual Battalion Deputy Coordinator. Hard Copy forms and Instructions will also be available thru the Coordinators Office. When Accountability Cards are completed they will be returned to the Fire Departments or Fire Districts along with all Forms and Thumb Drives.



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ACCOUNTABILITY FORM PERSONNEL INFORMATION MANDATORY

Last Name _____ First _____ Middle _____

FDID# _____ Fire Dept. _____ FD PIN# _____

DOB _____ Height _____ Weight _____ Eye _____ Hair _____

Home Address _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION MANDATORY

Contact Name _____ Contact Number _____

MEDICAL INFORMATION OPTIONAL

Physician Name _____ Phone # _____

Allergies _____

Date _____ Member Signature _____

QUALIFICATIONS MANDATORY

****ALL INFO LISTED BELOW SHALL BE FILLED OUT BY THE FIRE CHIEF OR TRAINING OFFICER OF THE FIRE DEPARTMENT OR DISTRICT****

Exterior	Interior	Fire Police	Diver	Dive Tender	Swift Water
Rope Rescue	F.A.S.T	ICS300	ICS400	Confined Space Rescue	EMS

****BY SIGNING I CERTIFY THAT ALL QUALIFICATIONS HAVE BEEN MET AND ARE CURRENT****

DATE _____

SIGNATURE OF CHIEF OR TRAINING OFFICER