

**State of Nevada  
Emergency Response Commission**

**OPTE Application**

Operational, Planning, Training, and Equipment  
Fiscal Year 2026

For State Agencies

The completed application must be delivered or  
postmarked by the noted due date

**Due Date: March 21, 2025**

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State Emergency Response Commission  
107 Jacobsen Way  
Carson City, NV 89711

[serc@dps.state.nv.us](mailto:serc@dps.state.nv.us)

(775) 684-7511

# STATE EMERGENCY RESPONSE COMMISSION (SERC)

## OPTE Application Kit

FY2026

### For State Agencies

The SERC has developed this application kit as a template for state agencies to apply for the SERC Operation, Planning, Training, and Equipment allocation. Application and award of allocations are managed pursuant to SERC policy 8.2. The source of funding is derived from fees collected from SARA Title III facilities within the State that store and/or produce hazardous materials in specified amounts. As these are State funds, there is no Catalog of Federal Domestic Assistance (CFDA) number associated with this allocation.

The allocation project period is July 2025 through June 2026. Allocation funds will be distributed on a reimbursement basis. However, the state agency may request advance funding for expenses over \$2,000, policy 8.5

State agencies are eligible for funding through this allocation if they are in compliance with the Emergency Planning and Community Right-to-Know Act (EPCRA), Nevada Administrative Code (NAC), and SERC policies. SERC policies may be reviewed at <http://serc.nv.gov>.

The format is as follows:

- I. **Goals** - Identify what the agency would like to accomplish with the requested funds to prevent, mitigate and/or respond to hazardous materials incidents. Provide detailed proposed planning, training and equipment needs for the period July 2025 through June 2026.
- II. **Objectives** - Identify the specific approaches to achieve the goals through prevention of, mitigation of and/or response to hazardous materials incidents. Objectives need to be specific and measurable.
- III. **Line Item Budgets** – List each item as a line item on the budget page. The allocation request shall be for NO MORE THAN \$36,000 (this includes the \$4,000.00 in Operations).

- IV. Budget Narrative** – Remember to comply with SERC Policy 8.2 related to the required quotes or sole source for appropriate purchases. If you have questions, please contact the SERC office.

Provide an explanation for items that do not correspond with the declared level of response due to formal agreements with other entities

**After completing the application, a PDF version e-mailed to the SERC is preferred with any additional pages included e.g., quotes, letter of denial, etc. or you may submit the entire application package with all attachments by mail.**

If you submit electronically and do not receive confirmation of receipt within 24 hours or two business days, please follow-up with the SERC.

Please call SERC staff at (775) 684-7511 if you need assistance.

**Application must be received in this office or postmarked by March 21, 2025:**

**[serc@dps.state.nv.us](mailto:serc@dps.state.nv.us)**

State Emergency Response Commission  
107 Jacobsen Way  
Carson City, NV 89711

Please be prepared to make a presentation of your grant application to the Planning & Training Sub-Committee and Funding Committee. The date and location of the meetings to be announced.

# APPLICATION CHECK SHEET

## A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING

- ☒ Title Page
- ☒ Goals of this allocation
- ☒ Objectives of this allocation
- ☒ Line Item Budget
- ☒ Budget Narrative
- ☐ If Training – Brochure and GSA Rates
- ☒ Certified Assurances
- ☒ Compliance Certification (signed by Stage agency department head)
- ☒ Level of Response Questionnaire
- ☒ Electronic version e-mailed to SERC@dps.state.nv.us
- ☒ Copy of Hazardous Materials Emergency Response Plan

**The application must be delivered to this office or  
postmarked by March 21, 2025**

**STATE EMERGENCY RESPONSE COMMISSION  
2026 OPT E APPLICATION  
TITLE PAGE**

Applicant: NEVADA STATE FIRE MARSHAL

Address: 107 JACOBSEN WAY, CARSON CITY, NV 89711

**State Agency Project Manager:**

Name: JOE RODRIGUEZ

Title: ASSISTANT STATE FIRE  
MARSHAL

Address: 107 JACOBSEN WAY

City/Zip: CARSON CITY

Phone: 775.684.7500

Fax: 775.684.7518

E-mail: j.rodriguez@dps.state.nv.us

**State Agency Fiscal Officer:**

Name: JENNAFER JENKINS

Title: MAIII

Address: 107 JACOBSEN WAY

City/Zip: CARSON CITY

Phone: 775.684.7509

Fax: 775.684.7518

E-mail: JENNAFER.JENKINS@DPS.STATE.NV.US

**Budget Summary:**

Planning	Training	Equipment	Operations	Total*
		35,526		35,526

Round up total\* to the nearest dollar

**AGENCY APPROVAL** (Department head of state agency):

On behalf of the above named agency, I certify this agency has reviewed this allocation application and agrees to abide by the Federal and State procedures which are related to the acceptance of funds.

  
Signature of Department head of state agency

3.17.25  
Date

Sheri Brueggemann Deputy Director  
Print Name and Title

**PROJECT MANAGER APPROVAL** (Chief/Administrator of division of the state agency):

  
Signature of Project Manager

5-12-25  
Date

Print Name and Title

## I. GOALS:

*Tell the SERC what you want to accomplish with this allocation. **Provide a separate discussion of each goal and justify its need towards the prevention, mitigation and/or response to hazardous materials incidents involving transportation.** The goals are general statements of desired results and identify intended outcomes the program has established to achieve. Justification to prevent, mitigate and/or respond to hazardous materials incidents must be addressed.*

The goal of the Nevada State Fire Marshal Division is to use the equipment provided in this grant adequately protect its employees responding to Hazardous Material incidents and increase its capability of response. With an increase in incident volume equipment is used more often and therefore depleted quicker. This grant would provide equipment required for response and expanded on capability needed to respond to hazardous material incidents.

## II. OBJECTIVES:

*How do you plan to achieve the goals listed above? Include specific uses of this allocation funding to prevent, mitigate and/or respond to hazardous materials incidents. Objectives focus on the methods/activities to be used to achieve the goals they support.*

*Answer these questions in each objective:*

- ✓ *WHAT will be purchased with these funds?*
- ✓ *WHO will complete the purchases awarded?*
- ✓ *WHEN will the purchases be made and the activity implemented?*

This equipment would be used in response and training for hazardous material incidents such involving explosions, fires, spills and regulatory investigations of HazMat facilities; as well as incidents on private and public land as well interstates and highways. In responding to these incidents, it is known that carcinogens, vapors and gases are present which can cause negative effects on the human body.

The funds will purchase equipment that will be used in response to these incidents and will assist in the protection of responders from short-term and long-term effects. HURST powered equipment is intended to be purchased. This will give responders the capabilities to access areas after fires/explosions on hazmat sites have blocked access assisting in mitigating the hazmat issue. These tools also give the capabilities to rescue the public and responders in hazardous environments when trapped.

The Nevada State Fire Marshal Fiscal Officer will be completing the purchase of the equipment.

The purchases will be implemented immediately as all personnel are trained appropriately for the use of the equipment.

### **III. BUDGETS:**

#### **Planning:**

*Requests to contract with a consultant must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant.*

#### **Training:**

*All training requests other than conferences must first be made through the State Fire Marshal's office (SFM) and the Department of Emergency Management (DEM). If the SFM or DEM declines the training, the request may be included in the allocation application along with the letter of declination.*

*Requests to contract to provide training must be accompanied by at least two competitive bids. The bids must include an itemized quote and detailed scope of work from the consultant.*

*State per diem rates (which generally follow the federal GSA rates; (<http://www.gsa.gov>) will prevail unless local rates are less. Travel eligibility requirements and rates are further defined in SERC policy 8.5. The rates listed below are for the calendar year 2024 only and are subject to change.*

*If a privately owned vehicle is used for agency convenience, mileage may be reimbursed at the State rate, currently .655 cents per mile. If a personal vehicle is used for personal convenience, the reimbursement allowed is .3275 cents per mile. If an agency vehicle is used, reimbursement may be made for fuel charges based on receipt or agency fuel logs. Airport parking (**most economical lot only**) and ground transportation expenses are reimbursable upon presentation of receipts. Rental cars must be pre-approved by the SERC.*

Double click on any box to open an embedded Excel Spreadsheet to enter your data when finish click anywhere outside the box to re-embed the data into the Word document and then SAVE your work!!!

Course / Conference Costs				
Course / Conference Title:				
Registration	Cost per Attendee	# of Attendees		\$0.00
Hotel	Cost per Night	# of Nights	# of Rooms	\$0.00
Per Diem	Cost per Day	# of Days	# of Attendees	\$0.00
Transportation	# of Miles (Round Trip)	Personal Vehicle	# of Vehicles	\$0.00
		0.655		
	# of Miles (Round Trip)	Personal Convenience	# of Vehicles	\$0.00
		0.3275		
	Public Transportation	Total \$ Amount		\$0.00
Cost of Airline Ticket	# of Tickets		\$0.00	
Parking	Cost per Day	# of Days	# of Vehicles	\$0.00
Total Course / Conference Costs:				\$0.00
Total Training Costs:				\$0.00



<b>Training Costs: Registration fees, per diem and travel costs should be included in this section</b>			
<b>Course Title</b>	<b>Itemized Travel Expenses</b>	<b>Registration Fees</b>	<b>Amount Requested</b>
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
<b>Totals:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### **Equipment:**

Equipment will be considered based on the state contract prices, as applicable. Please consult the State Purchasing Division's website at <http://purchasing.nv.gov/contracts/> to determine contract prices. If requesting an item from a state contract, please include a copy of the webpage with your application. Equipment requests other than those on the state's contract or higher priced than those on this list must be accompanied by a quote from the vendor and justification. Communications equipment is subject to the completion of the attached Communications Interoperability Questionnaire.



Communications  
Interoperability Que

<b>Equipment Costs:</b>			
<b>Item</b>	<b>Quantity</b>	<b>Unit Price</b>	<b>Amount Requested</b>
<b>Itemized Equipment List will be attached totaling</b>			<b>Exact \$ from list</b>
HURST Strongarm	4	\$8,226	\$32,904
HURST Stongarm Battery	3	\$874	\$2,622
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
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			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
<b>Total Equipment Costs:</b>			<b>\$35,526</b>

#### **IV. BUDGET NARRATIVE**

*This is an explanation of the line items identified in each category. The budget narratives must explain the use of the requested allocation funds. Budget narratives must be included for each category for which there is a request for items/services. Justify the relationship between the items listed within each category and the goals and objectives of this allocation request. The budget narratives must tie each item requested to the goals and objectives of this project.*

##### **Planning -**

*Explain the basis for selection of each consultant and describe how the service to be provided is essential to achieving established goals. Provide an explanation if the planning request does not correspond with the declared level of response due to formal agreements with other entities.*

NA

##### **Training -**

*Explain the purpose of the training and how it relates to achieving established goals. Provide location of training, duration, itemized transportation and per diem expenses. If applicable, attach a copy of the letter of declination from SFM. Provide an explanation if the training request does not correspond with the declared level of response due to formal agreements with other entities.*

NA

##### **Equipment -**

*Describe the equipment and how it will benefit the project, and why it is necessary to achieving established goals and objectives. Provide an explanation if the equipment request does not correspond with the declared level of response due to formal agreements with other entities.*

HURST Strongarm Package will provide first responders the capability to quickly access areas damaged by an incident, i.e. fire, explosion, locked access, to assess the critical nature of incident and asses for additional resources or render safe. This tool also give capability to access and rescue public or responder in hazmat incidents. These tools aid in a package to respond, access, identify and reduce the amount of time the public and responders are in critical hazardous material zones on incidents.

## CERTIFIED ASSURANCES For State Agencies

### Allocation Title: 2025 SERC Allocation

Upon acceptance of funding from the State of Nevada Emergency Response Commission (SERC), the applicant and the lead governmental unit hereby agree to the following Certified Assurances governing the awarding of funds:

- A) The recipient assured compliance with the Nevada Administrative Code (NAC) 459.9912 et seq. and SERC policies found at <http://serc.nv.gov>.
- B) **FINANCIAL REPORTS** – The recipient is required to submit, at a minimum, quarterly financial report to the SERC. Reporting must be made in accordance with all applicable federal, state, and local laws and regulations, and SERC Policies 8.5 and 8.6.

No expenditures or obligations will be eligible for reimbursement if occurring prior to or after the award period. All funds need to be obligated by the end of the allocation period and expended by the final report date as stated in the allocation award cover letter. Failure to submit proper reports pursuant to current policies may jeopardize future funding from the SERC.

- 1) **Request for advance:** May be requested only if expenses total over \$2,000.00 and is accompanied by a dated purchase order or quote. Complete and submit a financial report form with the appropriate "request for advance" box checked.
- 2) **Report on expenditure of advance:** Show the actual expenditure of the advanced funds. Complete and submit a financial report form with the appropriate "report on expenditure of advance" box checked. This report is due **within 30 days** of the date of the advanced check and must include copies of dated invoices and proof of payment. If the amount advanced is more than the amount spent or the advanced amount is not spent within the 30 days, the unexpended funds are to be returned to the SERC within 45 days of the date of the check.
- 3) **Request for reimbursement:** Complete and submit a financial report form, at a minimum quarterly, for all expenditures funded by the allocation. Include a summary breakdown of expenses, copies of dated invoices, proof of payment and any other documents required by SERC policies. Any other form of documentation for expenditures must be approved by the SERC staff. If additional funds are used toward the project, report those expenditures as a **match** in the appropriate line on the report form.

- 4) **Quarterly report required:** If there are no expenditures within the quarter, a report with an explanation of why and the plan for future expenditures is due by the end of the month following the end of the quarter. Due dates for quarterly reports are as follows:

**October 31** - for reporting period July 1 to September 30;  
**January 31** - for reporting period October 1 to December 31;  
**April 30** - for reporting period January 1 to March 31; and  
**July 31** - for reporting period April 1 to June 30.

- 5) **Final report:** There will be no further expenditure, the allocation is closed, and no further reports are necessary. This report is due within 45 days after the end of the award period, or any time prior to the end of the award period if no further funds are spent.

- C) **EXERCISE REPORTS** – To be eligible for funding, the state agency must report to the SERC by January 31<sup>st</sup> of each year on at least one real event and/or tabletop, functional, or full-scale exercise or drill which utilizes and implements the hazardous materials emergency response plan. An exercise is required at least once every third year.
- D) **CHANGE REQUEST** – Allocation expenditures are authorized for the purposes set forth in this application, as approved in the allocation award, and in accordance with all applicable laws, regulations, and policies and procedures of the State of Nevada and the applicable federal granting agency. Request for change in the project must be submitted to the SERC and approved in writing prior to its implementation. Approval may be required by the Funding Committee if the change is significant (SERC Policy 8.7).
- E) The recipient assures, through the submission of the application for funding, neither the lead agency, county government nor any of its participating agencies are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any federal department or agency.
- F) The recipient assures the fiscal accountability of the funds received from the State Emergency Response Commission will be managed and accounted for by the lead agency's chief comptroller and internal control and authority to ensure compliance with SERC's documentation, record keeping, accounting, and reporting guidelines will reside with that individual.
- G) SERC will reimburse the recipient reasonable, allowable, allocable cost of performance, in accordance with current federal requirements, Nevada Revised Statute, Nevada Administrative Code, State Administrative Manual, SERC policies and any other applicable fiscal rules, not to exceed the amount specified at the total award amount.

- H) The recipient assures it shall maintain data and information to provide accurate financial reports to SERC. Said reports shall be provided in form, by due dates and containing data and information as SERC reasonably requires to administer the program.
- I) The recipient assures financial reports shall be submitted within 30 calendar days of the end of each calendar quarter and within 45 days of the end of the project period and shall be current and actual.
- J) The recipient assures funds made available under this allocation will not be used to supplant state or local funds.
- K) The recipient assures that it will comply with applicable federal cost principles and administrative requirements appropriate to the allocation as follows:
1. OMB Circular A-87, *Cost Principles for State, Local & Indian Tribal Governments*
  2. OMB Circular A-102, *Common Rule-Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*
  3. 28 CFR 66, *Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments*
  4. OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations*
- L) The recipient and its contractors assure compliance with the below in any programs and activities receiving federal financial assistance:
- Title VI of the Civil Rights Act of 1964*, which prohibits discrimination on the basis of race, color and national.
- 49 CFR 21*, Nondiscrimination in Federally Assisted Programs of the Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990*, which prohibits discrimination based on disability.
- The Age Discrimination Act of 1975*, which prohibits unreasonable discrimination based on age.
- Title IX of the Education Amendments of 1972*, which prohibits discrimination based on gender in educational activities.

- M) Any publication (written, visual, or audio) issued by the recipient describing programs funded whole or in part with federal funds, shall contain the following statement:

"This program was supported by Allocation # \_\_\_\_\_, awarded by the Nevada State Emergency Response Commission (and, if an HMEP allocation, the U.S. Department of Transportation). Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position of policies of the State Emergency Response Commission (and, if an HMEP allocation, U.S. Department of Transportation)"

- N) The recipient fully understands the State Emergency Response Commission has the right to suspend, terminate or de-obligate funds to any recipient that fails to conform to the requirements or the terms and conditions of its allocation award.
- O) **LOBBYING** - No funds appropriated will be paid, by or on behalf of the recipient, to any person for influencing or attempting to influence an officer, employee, or a member of Congress, or an officer, employee, or any member of the Nevada State Legislature.
- P) Project related income, (i.e., registration fees, royalties, sales of real and personal property) must be used for the purpose of furthering the goals and objectives of the project or program from which the income was generated. Interest earned must be returned to the State Emergency Response Commission.
- Q) All activities and purchases utilizing any SERC administered sources of funding must comply with all local, state and federal laws and regulations as well as grant specific requirements. It is the responsibility of sub-grantees to be familiar with any such laws, regulations and requirements.

The recipient acknowledges receipt of these Certified Assurances and hereby assures adherence to all the above conditions of an allocation award from the SERC.

**AGENCY APPROVAL (Department head of state agency):**

Name (print): Sheri Brueggemann Title: Deputy Director  
Signature: [Signature] Date: 2-19-25

**PROJECT MANAGER APPROVAL (Chief/Administrator of division of the state agency):**

Name (print): Patricia J. Lee Title: ASPM-4  
Signature: [Signature] Date: 3-12-25

**RETURN THIS SIGNED FORM WITH APPLICATION**

# STATE AGENCY COMPLIANCE CERTIFICATION

The following requirements must be met by State Agencies for compliance with federal and State laws and regulations, SERC policies and procedures. This checklist must be completed, signed and returned with the application.

A check mark in the squares on the left will indicate a YES response.

- ☒ Has the head of the State agency prioritized the request and signed the application and Certified Assurances?
- ☒ Has the agency identified which emergency response plan it operates under and what its role is in that plan?

What Plan?                      **Nevada DEM emergency response plan**

Role in Plan?                **Response**

- ☒ Has the agency identified its role, if any, in the State Hazardous Materials Emergency Response Plan?

Role in Plan?                **Response**

- ☒ Has the agency reviewed and updated its hazardous materials emergency plan (or hazmat portion of the jurisdiction's "all hazards" plan), NRT-1A, Level of Response Questionnaire and Letter of Promulgation within the last year? Have the review results and updates been submitted to the SERC in writing by January 31<sup>st</sup>?

Plan update –	Date: 1/8/25	Submitted: 3/21/25
NRT – 1A update –	Date: 1/8/25	Submitted: 3/21/25
Level of Response Questionnaire update –	Date: 1/8/25	Submitted: 3/21/25
Letter of Promulgation update –	Date: 1/8/25	Submitted: 3/21/25

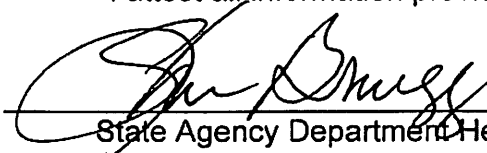
- ☒ Have all required reports been submitted to the SERC which summarize the financial management of the active allocations?
- ☒ Has the agency reported on at least one incident or exercise (exercise required at least every third year) of its hazardous materials emergency response plan by January 31<sup>st</sup>?
- ☒ Has Agency read SERC policies?

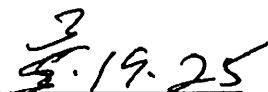
Indicate the date of the most recent exercise:	1/8/25	Submitted: 3/21/25
Indicate the date of an incident report used in lieu of an exercise:		Submitted:

As head of                      **Nevada State Fire Marshal/DPS**  
the

State Agency

I attest all information provided on this Compliance Certification is accurate

  
\_\_\_\_\_  
State Agency Department Head Signature

  
\_\_\_\_\_  
Date

**RETURN THIS SIGNED FORM WITH APPLICATION**



Ph: 510-839-5111  
TF: 800-443-3556  
Fax: 510-839-5325  
[oaksales@lncurtis.com](mailto:oaksales@lncurtis.com)  
UEI#: DDLSADSWN7U7

# CURTIS

TOOLS FOR HEROES

Pacific North Division  
6723 Sierra Court, Suite C  
Dublin, CA 94568  
[www.LNCurtis.com](http://www.LNCurtis.com)

## Quotation

<b>CUSTOMER:</b>	<b>SHIP TO:</b>	<b>QUOTATION NO.</b>	<b>ISSUED DATE</b>	<b>EXPIRATION DATE</b>
Nevada State Fire Marshall 107 Jacobsen Way Carson City NV 89711	C30317 Nevada State Fire Marshall Mike Floyd 107 Jacobsen Way, BLDG A Carson City NV 89711	335856	03/10/2025	04/09/2025
		<b>SALESPERSON</b>	<b>CUSTOMER SERVICE REP</b>	
		Nicolai Caviglia <a href="mailto:ncaviglia@lncurtis.com">ncaviglia@lncurtis.com</a> 775-721-7678	Nicolai Caviglia <a href="mailto:ncaviglia@lncurtis.com">ncaviglia@lncurtis.com</a> 775-721-7678	
<b>REQUISITION NO.</b>	<b>REQUESTING PARTY</b>	<b>CUSTOMER NO.</b>	<b>TERMS</b>	<b>OFFER CLASS</b>
	Alex Knaak	C30317	Net 30	FR
<b>F.O.B.</b>	<b>SHIP VIA</b>	<b>DELIVERY REQ. BY</b>		
DEST	Standard Shipping			

### NOTES & DISCLAIMERS

Thank you for this opportunity to quote. We are pleased to offer requested items below. If you have any questions, need additional information, or would like to place an order, please contact your Customer Service Rep as noted above.

**Safety Warning Notice:** Products offered, sold, or invoiced herewith may have an applicable Safety Data Sheet (SDS) as prepared by the manufacturer of the product. The SDS is provided with the product. In addition, manufacturer's safety and/or warning notices, instructions and information relating to the proper use and care of the product is provided with the product. All applicable SDS, safety and/or warning notices, instructions and other information provided with the product should be thoroughly read, reviewed, and understood prior to handling, distributing, using, reselling, or servicing any and all products provided by Curtis. Materials utilized to clean, repair, maintain and/or service your owned equipment, as well as Curtis owned equipment, may contain per-and polyfluoroalkyl substances (PFAS) to meet national standards or original equipment manufacturer specifications. For other important product notices and warnings, or to request an SDS, product specifications, manufacturer's safety notices, instructions and/or warning notices, please contact Curtis or visit <https://www.lncurtis.com/product-notices-warnings>

Transportation is included in below pricing.

LN	QTY	UNIT	PART NUMBER	DESCRIPTION	PL	UNIT PRICE	TOTAL PRICE
1	4	EA	273180000 HURST	Black StrongArm LE/Military Kit, Including: 2 - Batteries 1 - 110V Charger 1 - Set Combi Tips 1 - Set Door Opener Tips	OM	\$8,226.00	\$32,904.00
2	3	EA	273100610 HURST	StrongArm Battery	OM	\$874.00	\$2,622.00

Ph: 510-839-5111  
TF: 800-443-3556  
Fax: 510-839-5325  
[oaksales@lncurtis.com](mailto:oaksales@lncurtis.com)  
UEI#: DDLSADSWN7U7

# CURTIS

TOOLS FOR HEROES

Pacific North Division  
6723 Sierra Court, Suite C  
Dublin, CA 94568  
[www.LNCurtis.com](http://www.LNCurtis.com)

LN	QTY	UNIT	PART NUMBER	DESCRIPTION	PL	UNIT PRICE	TOTAL PRICE
----	-----	------	-------------	-------------	----	------------	-------------

Small Business  
CAGE Code: 5E720  
SIC Code: 5099  
Federal Tax ID: 94-1214350  
UEI #DDLSADSWN7U7

This pricing generally remains firm until 04/09/2025. Pricing is subject to change if product is affected by the implementation of a tariff. Contact us for updated pricing after this date.

Due to market volatility, global supply chain pressures, and supply shortages, we recommend contacting your local L.N. Curtis and sons office prior to placing your order to confirm pricing and availability. This excludes our GSA Contract and other Fixed Price Contracts which are governed by contract-specific prices, terms, and conditions.

<b>Subtotal</b>	<b>\$35,526.00</b>
<b>Estimated Tax Total</b>	<b>\$0.00</b>
<b>Transportation</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$35,526.00</b>

[View Terms of Sale and Return Policy](#)

## Promulgation

The Nevada State Fire Marshal purses a high level of readiness to respond to natural and manmade disasters and emergencies. Through a program of integrated emergency management all bureaus plan for mitigation of hazards, prepare for emergencies and assist other bureaus and divisions to return to pre-disaster conditions.

The plan outlines the basic organization for emergency management and concept of operations for coordinated responses. The Emergency Operation Plan assigns actions to be taken in various situations by the Nevada State Fire Marshal. The Nevada State Fire Marshal is expected to develop supporting plans and procedures tat will allow them to carry out their responsibilities when required.

The plan is intended for use by the response agencies in Nevada and incorporation into the Nevada State Comprehensive Emergency Management Plan and the Hazardous Materials Response Plan.

This plan will be revised and updated as required. All recipients are requested to advise the Nevada State Fire Marshal of any changes which might result in its improvement or increase its usefulness.

Approved By:

1/8/25

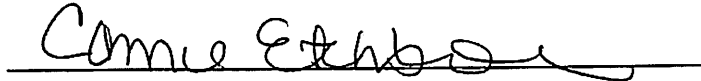
Date

A handwritten signature in black ink, appearing to read 'Mike Dzyak', written over a horizontal line.

Mike Dzyak, Nevada State Fire Marshal

1/8/25

Date

A handwritten signature in black ink, appearing to read 'Connie Etchison', written over a horizontal line.

Connie Etchison, Safety Coordinator

# Nevada State Police

## State Fire Marshal Division



## Hazardous Material Response Plan

December 01, 2022

FOR OFFICIAL USE ONLY

NOTICE This document contains information pertaining to the deployment mobilization and tactical operations of the Nevada State Fire Marshal Division (NSFM) in response to emergencies. It is exempt from disclosure under Nevada state law.

## **Hazardous Material Response Plan**

Hazardous materials present a potential harm to employees resulting from exposure. To comply with Nevada law, the following represents the policy of the Nevada State Police, State Fire Marshal Division. Possible affected areas include the Stewart Facility Building at 107 Jacobsen Way. Approximately 100 people daily work within this location (this amount is likely to double while classes are taught on site).

### **Definition**

Hazardous material includes, without limitation, hazardous material, a regulated substance, a pollutant, and a contaminant (NRS 459.429) Hazardous materials, hazardous substances, hazardous wastes and regulated substances identified in NRS 459.428, NRS 459.429, NRS 459.430, NRS 459.432 NRS 459.448, NRS 459.465 and NRS 459.7024 are hazardous materials.

### **Response**

The State Fire Marshal under Incident Command System (ICS) would become the Incident Commander. The Safety Coordinator is the designated liaison between Emergency Management Systems and the State Fire Marshal Division.

Employees may encounter situations involving suspected hazardous materials, such as at the scene of a chemical spill or fire. When employees encounter a suspected hazardous material, certain steps should be taken for protection. The employees need to contact the Sworn State Fire Marshal (SFM) Staff at 911 or 4-7512 and inform them of the chemical spill. The the Sworn SFM Staff will be the first responders to the incident to assess the situation, evacuate the building, or direct the employees to a safe part of the building depending on the assessment made. The responder entering the area may require decontamination before he/she is allowed to depart the scene and should be evaluated by appropriate technicians and medical professionals for signs of exposure.

Department personnel who believe that they have been exposed to a hazardous material shall immediately report the exposure to a supervisor. Each exposure shall be documented by the employee in an employee memorandum that shall be forwarded through the chain of command to the State Fire Marshal. Should the affected employee be unable to document the exposure for any reason, it shall be the responsibility of the notified supervisor to complete the memorandum. Injury or illness caused or believed to be caused from exposure to hazardous materials shall be reported the same way as any other on-duty injury or illness in addition to an incident report.

When a supervisor has been informed that an employee has been exposed to a hazardous material, he/she shall ensure that immediate medical treatment is obtained and appropriate action is taken to lessen the exposure.

The sworn SFM staff will isolate the area to keep unwanted people from entering the area. The sworn SFM staff will contact the Carson City Fire Department for assistance, notify Capitol Police of the situation and conduct a cursory sweep of the evacuation area and staging area. Once the sweeps are complete the Incident Commander or his designee will meet with Fire personnel in the staging area. The Carson City Fire Department is the agency trained and equipped to properly respond and mitigate most hazardous materials.

## **Training**

Each calendar year staff will have a refresher course on Hazmat Awareness and review the HMRP.

Each calendar year the Sworn Staff will have refresher training in EMT/ First Responder Medical Training. This will be to their highest level of training.

Every 2 calendar years / or when needed staff will go through a CPR certification/ re-certification.

## **Hazardous Material List**

107 Jacobsen Way, Carson City, NV 89701

This location has no reportable levels of hazardous materials.

## **Spill Control Materials Inventory**

Due to no reportable levels of hazardous materials, there are no on sight control materials.

Cleaning staff are equipped with personal protective equipment (PPE). All sworn staff are equipped with PPE for Hazmat Response.

A Carson City Fire Station is located within a mile of the facility. Fire Responders would support control measures.

# NV State Emergency Response Commission EXERCISE REPORTING FORM

## Part I - General Information

<b>1. Jurisdiction State</b>		<b>2. Were SERC funds received for this exercise?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>3. Date(s) of Event:</b> Begin: 1/08/25    End: 1/08/25	
<b>4. Type of Event – Exercise</b> <input checked="" type="checkbox"/> Tabletop <input type="checkbox"/> Full Scale <input type="checkbox"/> Functional		OR		<b>5. Actual Incident</b> (exercise credit being requested) <input type="checkbox"/> Local Declaration <input type="checkbox"/> Federal Declaration <input type="checkbox"/> State Declaration	
<b>6. Focus On:</b> <input type="checkbox"/> Mitigation <input type="checkbox"/> Recovery <input checked="" type="checkbox"/> Response					
<b>7. Hazard Scenario</b> Provide narrative scenario of exercise / incident or, if applicable, attach incident report (may use reverse side of form) Please enter only one (1) P for the Primary Hazard and one (1) or more S's for the Secondary Hazard(s)					
Natural Hazards		National Security		Terrorism	
P   S	P   S	P   S	P   S	P   S	P   S
<input type="checkbox"/> Avalanche <input type="checkbox"/> Dam Failure <input type="checkbox"/> Drought <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane	<input type="checkbox"/> Subsidence <input type="checkbox"/> Tornado <input type="checkbox"/> Tsunami <input type="checkbox"/> Volcano <input checked="" type="checkbox"/> Wildfire <input type="checkbox"/> Winter Storm <input type="checkbox"/> Other:	<input type="checkbox"/> Chemical / Biological <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Conventional Attack <input type="checkbox"/> Increased Readiness <input type="checkbox"/> Low-Intensity Conflict <input type="checkbox"/> Nuclear Attack <input type="checkbox"/> Other:	<input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Explosive <input type="checkbox"/> Hostage <input type="checkbox"/> Nuclear <input type="checkbox"/> Other:		
<b>8. Technological / Man-Made Hazards</b>					
P   S	P   S	P   S			
<input type="checkbox"/> Dam Failure <input type="checkbox"/> Exposure <input checked="" type="checkbox"/> Hazardous Materials / Fixed Facility <input type="checkbox"/> Hazardous Materials / Transportation	<input type="checkbox"/> Power Failure <input type="checkbox"/> Radiological / Fixed Facility <input type="checkbox"/> Radiological / Transportation <input type="checkbox"/> Structure Fires	<input type="checkbox"/> Transportation Accidents (Air / Rail / Highway / Water) <input type="checkbox"/> Other:			
<b>9. Indicate the Number of Participants in each Category</b>					
Appointed Officials Civil Air Patrol Communications Elected Officials Emergency Management	Finance Fire Health & Medical Human Services Law Enforcement	Local Emergency Planning Committee Private Industry Public Information Public Participants	Public Works Radiological School Personnel Other:		
Please list individually for the following categories					
Federal Agencies:	Military:	Volunteer Agencies:		Other:	
_____	_____	_____	_____	4	_____
<b>Total Participants: 4</b>					

## Part II - Actual Occurrence

The follow information is to be provided when requesting exercise credit for an actual incident	Number Fatalities _____	Number Injured _____	Number Evacuated _____	Number Sheltered _____	Estimated Public Damages _____	Estimated Private Damages _____
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## Part III - Corrective Actions **\*\*Required\*\***

### Narrative of use of Hazardous Materials Plan

SFM Hazmat response was used in a tabletop exercise. For example, if a wildland came through Carson City area traveling North to Reno what exposures would there be along with vaporized hazardous materials. Locating hot zones and how one would conduct an ICS situation, i.e. victim locations, responder locations and current safe zones weather dependent.

### Narrative of Corrective Actions

On 1/08/25 SFM conducted their yearly tabletop exercise to discuss NV SFM on site ICS capabilities. The exercises involved sworn staff with SFM. The team discussed multiple situations that would help test the viability of the SFM HAZMAT response plan. For example roles of sworn personnel in hot zones, isolation of hazmat material, roles of supervisors and first arriving personnel.

## Part VI - Signature

\_\_\_\_\_  
LEPC Chair Signature

\_\_\_\_\_  
LEPC Chair Name

\_\_\_\_\_  
Date



# State Agency Level of Response Questionnaire

The State Emergency Response Commission (SERC) is continuing to update its list of local response levels and capabilities. In doing so, we ask your cooperation in completing this brief questionnaire. The information will be shared with all Local Emergency Planning Committees (LEPCs) to help facilitate coordinated response efforts.

State Agency: **Nevada State Fire Marshal/DPS**

Date: **01/08/25**

Name of person completing this questionnaire: **SGT Alex Knaak**

**1. What is the State Agency's declared Level of Response? (mark all that apply)**

Awareness ☒

Operations ☐

Technician ☐

Is this level designated in the hazardous materials emergency response plan?

Yes ☐

No ☒

Does the agency respond at a higher level of response due to agreements with other entities?

Yes ☒

No ☐

**2. How many responders are trained in accordance with the OSHA 1910.120 Standards?**

(Refer to Question #1)

Awareness Level **6**

Operations Level

Technician Level

Incident Commander

Specialist Level

**3. Is there any special training, not required under OSHA 1910.120 Standards, provided to first responders? If yes, please explain. (Example: Awareness Level personnel are trained in decontamination procedures.)**

Awareness Level **6**

Operations Level

Technician Level

**NRT-1A Checklist**  
State Emergency Response Commission  
**Planning and Training Sub-Committee**

County: **Carson City**

Date: **1/8/2025**

1. Identify facilities subject to TIER II reporting requirements and identify transportation routes.  
Page # (s): **N/A**
2. Describe Emergency Response Procedures to be followed, on and off site.  
Page # (s): **2-3**
3. Designation of Community Coordinator and Facility Coordinator(s) to implement the Plan.  
Page # (s): **2**
4. Outline Emergency Notification Procedures.  
Page # (s): **2**
5. Describe methods for determining probable affected areas and populations by releases.  
Page # (s): **2**
6. Describe Emergency Equipment in the Community and at Facilities and the persons responsible for them.  
Page # (s): **3**
7. Outline Evacuation Plans.  
Page # (s): **2**
8. Provide a Training Program for Emergency Responders.  
Page # (s): **3**
9. Provide methods and schedules for exercising Emergency Response Plans.  
Page # (s): **3**

Remarks/Overall Comments:

**Sgt. Knaak**

Reviewed By

**1/08/25**

Date

## **EXERCISE/INCIDENT & HAZARDOUS MATERIALS PLAN CHECKLIST**

### **A Complete Exercise/Incident Must Include the Following**

- ☒ Completed & Signed Exercise Reporting Form (choose only Exercise or Incident)
- ☒ Narrative Explaining the Event, to include:
  - ☒ How the Hazmat Materials Plan was used
  - ☒ What Corrective Actions, if any, were identified
  - ☒ Hazardous Materials used as part of the event
  - ☒ Event happened in previous calendar year

### **A Complete Hazmat Materials Plan Must Include the Following**

- ☒ The Plan was reviewed within the last year, and:
  - ☒ The entire Plan has been updated or
  - ☒ Individual inserts have the date noting when the insert was updated
- ☐ LEPC Minutes approving the updated Plan
- ☒ Completed Level of Response Questionnaire
- ☒ Current Letter of Promulgation
- ☒ Current Contact List
- ☒ Current Equipment List
- ☒ Completed NRT-1A, to include:
  - ☒ Correct page numbers to match the Hazmat Materials Plan
- ☒ Level of Response is noted in the Plan
- ☒ Facilities List with Tier II facilities easily identified
  - Facility Reports have been created in the Online Hazmat Reporting System: All Facilities / Tier II Facilities
- ☒ Current Training Program and Schedule
- ☒ Current Exercise Program and Schedule

### **BEST PRACTICE WILL Include the Following**

- ☒ Exercise/Incident Report – Corrective Actions from previous year exercise incorporated into this year's exercise
- ☒ Plan – Corrective Actions from Previous year exercise incorporated into the Plan updates
- ☐ Plan – Detailed information how emergency responder is to learn about/sign up for training

# GRANT APPLICATION CHECK SHEET

LEPC: State Fire Marshal

☐ ~~LEPC is in compliance~~

Grant: DPTE 2026

☒ Received by Due Date

☒ Title Page – math is accurate / signed

☒ Goals completed

☒ Objectives completed

☒ Budgets

☐ ~~If Training – brochure included~~

☐ ~~If Training – DEM/SFM denial letters included~~

☐ ~~If Travel – GSA rates included~~

☒ If Equipment – quotes included

☐ ~~If Radios – communications questionnaire included~~

☐ ~~Operations – is Clerical requested (check Budget Narrative)~~

☒ Budget Narrative(s) completed

☒ Certified Assurances completed / signed

☒ LEPC Compliance Certification completed / signed

☐ ~~If HMEP – Activity Request Form completed~~

☐ ~~If HMEP – Activity Request will need to be approved by HMEP~~

☐ ~~LEPC meeting minutes approving submittal of grant application~~

Grant \$ amount: \$35,526 Total \$ amount available: \$36,000

Reviewed by: B.B. BH

State Fire Marshal

DATE 3050

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B.B.  
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