OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

VOLUNTEER FIREFIGHTER COURSE OBJECTIVES CHECK-OFF PACKET

COURSE DATES	COURSE ID #
CHARTER NAME	CHARTER #

DATE INSTRUCTED	OBJECTIVE	JPRS FOR REFRENCE ONLY VOLUNTEER FIREFIGHTER	SKILL SHEET
	The Fire Service (Organization, History, Mission, & Safety)	4.1.1, 4.1.2	
	Communications	4.2.1, 4.2.2, 4.2.3, 4.2.4	3-1, 10-7
	Fire Behavior	4.3.10, 4.3.11, 4.3.12	
	Building Construction	4.3.4, 4.3.10, 4.3.12	
	Personal Protective Equipment	4.1.2,	1-2
	Self-Contained Breathing Apparatus	4.3.1, 4.5.1	1-3, 1-4
	Response Safety	4.1.1, 4.3.2, 4.3.3, 4.3.17	4-1
	Forcible Entry	4.3.4, 4.5.1	6-1
	Firefighter Survival	4.3.5, 4.3.9	
	Ground Ladders	4.3.6, 4.3.12, 4.5.1	7-1, 7-3
	Search and Rescue	4.2.4, 4.3.1	
	Hose Deployment	4.3.8, 4.3.10, 4.3.15, 4.3.19, 4.5.2	7-7, 12-1
	Horizontal Ventilation	4.3.11, 4.3.12, 4.5.1	14-1
	Overhaul	4.3.13	
	Salvage	4.3.14	16-1, 16-2
	Water Supply	4.3.15	17-1, 17-2
	Portable Fire Extinguishers	4.3.16	18-1
	Scene Safety	4.3.17, 4.3.18	19-1
	Ropes and Knots	4.3.12, 4.3.20	2-1

STUDENT NAME	ALL OBJECTIVES COMPLETED (Y/N)		PRACTICAL SKILLS COMPLETED (Y/N)		WRITTEN EXAMINATION COMPLETED (Y/N)	
	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO
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LEAD INSTRUCTOR SIGNATURE:	DATE:
X	

PROGRAM DIRECTOR SIGNATURE:	DATE:
X	

STUDENT NAME	ALL OBJECTIVES COMPLETED (Y/N)		PRACTICAL SKILLS COMPLETED (Y/N)		WRITTEN EXAMINATION COMPLETED (Y/N)	
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