

**OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES**



**FIREFIGHTER I AND II COURSE OBJECTIVES
CHECK-OFF PACKET**

COURSE NAME	
COURSE DATES	COURSE ID #
CHARTER NAME	CHARTER #

DATE INSTRUCTED	OBJECTIVE	JPR'S		SKILL SHEET
		FIREFIGHTER I	FIREFIGHTER II	
	Orientation and History of the Fire Service	4.1.1, 4.1.2		
	Incident Command System/Scene Operations		5.1.1, 5.1.2. 5.2.1, 5.2.2	5-1
	Firefighter Health and Safety	4.1.1, 4.3.2, 4.3.3		
	Fire Service Communications	4.2.1, 4.2.2, 4.2.3, 4.2.4,	5.2.1, 5.2.2	4-25, 5-2
	Building Construction	4.3.4, 4.3.10, 4.3.12,	5.3.2	
	Fire Behavior	4.3.10, 4.3.11, 4.3.12		
	Personal Protective Equipment and Self-Contained Breathing Apparatus	4.1.2, 4.3.1, 4.5.1		4-1, 4-2, 4-3, 4-4, 4-5
	Portable Fire Extinguishers	4.3.16		4-19
	Ropes and Knots	4.3.20, 4.5.1		4-14, 4-20
	Search and Rescue	4.2.4, 4.3.1		4-7
	Firefighter Survival	4.3.5, 4.3.9		
	Scene Lighting and Portable Power	4.3.17	5.5.4	4-24, 5-12
	Forcible Entry	4.3.4, 4.5.1		4-6, 4-22
	Ladders	4.3.6, 4.5.1, 4.3.12		4-16, 4-21
	Ventilation	4.3.11, 4.3.12, 4.5.1		4-12, 4-13, 4-22
	Water Supply	4.3.15		4-18,
	Fire Hose and Streams	4.3.8, 4.3.10, 4.3.15, 4.5.2,	5.3.1, 5.3.2, 5.5.5	4-26, 4-27, 4-28, 5-13
	Fire Suppression—Structure Fires	4.3.8, 4.3.10		4-8, 4-9, 4-10,
	Fire Suppression—Vehicle Fires	4.3.7		4-23
	Fire Suppression—Wildland/ Ground Cover Fires	4.3.19		4-29
	Fire Suppression—Control Building Utilities/Energized Utility Fires	4.3.18		4-11
	Advanced Fire Suppression—Coordinate an Interior Fire Attack		5.3.2	5-4
	Advanced Fire Suppression—Foam Operations		5.3.1, 5.3.2	
	Advanced Fire Suppression—Gas Cylinder/Flammable Liquid Fire Attack		5.3.1, 5.3.3	5-3, 5-5
	Salvage and Overhaul	4.3.13, 4.3.14, 4.3.17, 4.3.21, 4.5.1		4-15, 4-17, 4-30, 4-22

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		FIREFIGHTER I	FIREFIGHTER II	
	Vehicle Rescue and Extrication		5.4.1	5-7
	Technical Rescue Support		5.4.2	5-8
	Fire Origin and Cause Determination		5.3.4	5-6
	Fire Protection Systems		5.5.3	
	Fire and Life Safety Programs		5.5.1, 5.5.2, 5.5.3	5-9, 5-10, 5-11

STUDENT NAME	ALL OBJECTIVES COMPLETED (Y/N)	PRACTICAL SKILLS COMPLETED (Y/N)	WRITTEN EXAMINATION COMPLETED (Y/N)
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PROGRAM DIRECTOR SIGNATURE: X			DATE:

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