



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**VOLUNTEER FIREFIGHTER COURSE
PRACTICAL SKILL TEST SUMMARY**

STUDENT NAME

LAST NAME	FIRST NAME	MI
CHARTER SCHOOL		CHARTER NUMBER

SKILL #	MANDATORY SKILLS	TIME ALLOTTED	FIRST ATTEMPT	SECOND ATTEMPT	THIRD ATTEMPT
1-2	PPE – Donning PPE	1 min	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
1-3	PPE – Donning SCBA	1 min	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
1-4	PPE – SCBA Emergency Procedures	5 min	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
7-3	One FF Ext. Ladder Carry and Raise	10 min	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
12-1	Advancing a Charged Line Outdoors	10 min	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
SKILL #	RANDOM SKILLS	TIME ALLOTTED	FIRST ATTEMPT	SECOND ATTEMPT	THIRD ATTEMPT
			<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F
			<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F

INDICATE WHICH SKILL THE STUDENT DID NOT PASS IN 3 ATTEMPTS BY CIRCLING THE SKILL NUMBER.
All third attempts must be scheduled with the Program Director.

We attest that the practical skills listed above have been met and all information provided is true and accurate to the best of our knowledge. We hereby give permission to the Ohio Department Of Public Safety, Division of Emergency Medical Services to verify any of the above information.

DID THE CANDIDATE PASS ALL SKILLS WITHIN 3 ATTEMPTS? YES NO

CANDIDATE NAME (PRINTED)	CANDIDATE SIGNATURE	
	X	
SKILLS COORDINATOR SIGNATURE	CERTIFICATION #	
X		
PROGRAM DIRECTOR SIGNATURE	DATE	
X		