



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**FIREFIGHTER I COURSE  
PRACTICAL SKILL TEST SUMMARY**

**STUDENT NAME**

LAST NAME		FIRST NAME		MI
CHARTER SCHOOL				CHARTER #
NFPA 1001 PUBLICATION DATE	<input type="checkbox"/> FIREFIGHTER I TRANSITION COURSE		<input type="checkbox"/> FIREFIGHTER I COURSE	

SKILL #	MANDATORY SKILLS	TIME ALLOTTED	FIRST ATTEMPT	SECOND ATTEMPT	THIRD ATTEMPT
1-1	PPE – Inspecting SCBA	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
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
10-1	Search and Rescue – Primary Search	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
13-1	Interior Structure Fire Attack	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
			<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	
SKILLS COORDINATOR SIGNATURE	CERTIFICATION #	
PROGRAM DIRECTOR SIGNATURE	DATE	