



HAZARD RECOGNITION OFFICER PRACTICAL EXAMINATION SKILL SHEETS

Ohio Department of Public Safety, Division of EMS

Effective January 1, 2021

**HAZARD RECOGNITION OFFICER
PRACTICAL SKILLS TESTING INDEX
NFPA Standard 1031 (2014 Edition)**

SKILL	NFPA 1031 JPR(s)		TYPE	MAX TIME
1	4.2.1	Fire Inspection Report	M	30
2	4.2.2	Permits	R	30
3	4.2.3	Plan Review	R	30
4	4.2.4	Investigate Complaint	R	30
5	4.2.5	Identify Applicable Fire Code	R	30
6	4.2.6	Participate in Legal Proceedings	R	30
7	4.3.1	Occupancy Classification	R	30
8	4.3.2	Occupant Load	M	30
9	4.3.3	Means of Egress Inspection	R	30
10	4.3.4	Identify Construction Type	R	30
11	4.3.5	Fire Suppression System Inspection – Field Inspection	R	30
12	4.3.6	Fire Alarm System Inspection – Field Inspection	M	30
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17	4.3.11	Emergency Access Inspection – Field Inspection	R	30
18	4.3.12	Combustible and Flammable Liquid Storage	R	30
19	4.3.13	Hazardous Materials Storage	R	30
20	4.3.14	Recognize Hazardous Fire Growth Potential	R	30
21	4.3.15	Verify Code Compliance – Field Inspection	M	30
22	4.3.16	Verify Fire Flows	R	30

HAZARD RECOGNITION OFFICER		SKILL TEST #1			MANDATORY			
Primary Task		FIRE INSPECTION REPORT			JPR(s)		4.2.1	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.2.1	Given agency policy and procedures, and observations from an assigned field inspection, prepare inspection reports so that the report is clear and concise, and reflects the findings of the inspection in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Applicable codes and standards adopted by the jurisdiction and policies of the jurisdiction.							
Requisite Skills	The ability to conduct a field inspection, apply codes and standards, and communicate orally and in writing							
Instructions	Using the information provided in Scenario 1.1, complete the inspection report and communicate your findings to the designated person.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Prepare an Inspection Report.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Utilize observations from a field inspection.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prepare a report that communicates its message clearly.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prepare a report that communicates in a concise manner.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prepare a report that communicates accurately.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accurately reflects applicable codes and standards.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Verbally communicate the violations and corrective actions effectively.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
<hr/> <hr/> <hr/> <hr/>								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #	
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #	
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #	
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #	
			X					

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #1	
BUSINESS NAME <i>All-American Burger</i>		INSPECTION DATE <i>June 17, 2019</i>	
BUSINESS ADDRESS <i>742 Evergreen Terrace</i>		BUSINESS PHONE <i>614-555-1212</i>	
CITY <i>Springfield</i>	STATE <i>OH</i>	ZIP CODE	
BUSINESS OWNER NAME <i>Alfred "TC" Pennyworth</i>		BUSINESS OWNER PHONE <i>740-555-1212</i>	
KEY HOLDER <i>Richard Grayson</i>	KNOX BOX <i>AB Corner</i>	OCCUPANCY CLASS <i>Assembly Group A-2</i>	OCCUPANT LOAD <i>107</i>
SUPPRESSION SYSTEM <i>Hood Suppression System</i>	FIRE ALARM <i>Automatic</i>	CONSTRUCTION TYPE <i>Type III-A-Protected Combustible</i>	SPECIAL HAZARDS <i>N/A</i>

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
Dining Area	Fire Extinguisher Expired		
Dining Area	Exit Sign burned out		
Dining Area	Emergency lighting failed to operate		
Kitchen	Delivered stock blocking rear egress		
Hood System	Heavy grease build-up on fusible link		
Hood System	Manual pull station blocked by trash cans		
Office	Surge Protector plugged into a surge protector		

REMARKS

You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.

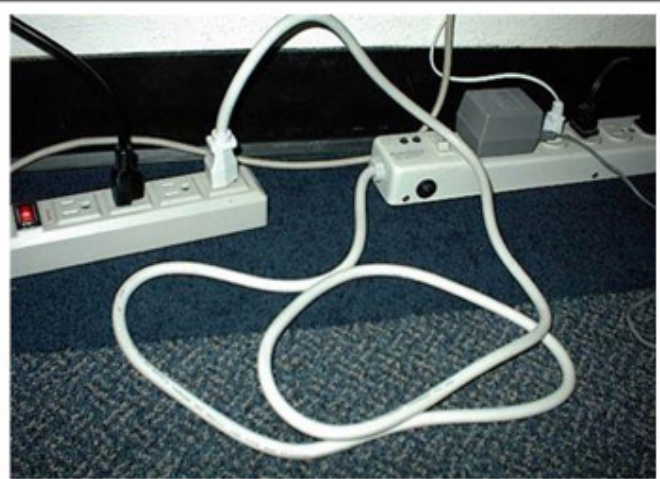
OWNER NAME	OWNER SIGNATURE X	DATE
INSPECTOR NAME	INSPECTOR SIGNATURE X	DATE



Dining Area: Fire Extinguisher



Dining Area: Exit Sign Not Illuminated



Office: Surge Protectors Daisy-Chained



Dining Area: Emergency Lights Failed to Operate

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT



Kitchen Egress



Kitchen: Hood Pull Blocked by Storage



Hood Suppression System: Fusible Link

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT

HAZARD RECOGNITION OFFICER		SKILL TEST #2			RANDOM			
Primary Task		PERMITS			JPR(s)		4.2.2	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.2.2	Given a situation or condition, recognize the need for a permit so that requirements for permits are communicated in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Permit policies of the jurisdiction and the rationale for the permit.							
Requisite Skills	The ability to communicate orally and in writing.							
Instructions	The candidate will complete a written letter identifying the need for a permit and the steps necessary to obtain the permit to the responsible party. The candidate will then present the information verbally to an evaluator. The candidate shall identify all applicable Ohio Fire Code references.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Recognize the need for a permit.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understand the type of permit required.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Direct written communication to the proper responsible party.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate why the permit is necessary.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Advise party how to proceed with securing necessary permit.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adhere to the applicable codes, standards and policies of the AHJ.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Effectively, verbally communicate the need for permit.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								

EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE				CERT #		
		X						
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE				CERT #		
		X						
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE				CERT #		
		X						
CANDIDATE NAME		CANDIDATE SIGNATURE				CERT #		
		X						

CANDIDATE NAME (Please Print)

HAZARD RECOGNITION OFFICER

SKILL TEST #2

SCENARIO: 2.1

Field Inspection

Mr. Milton Arbogast of Fairvale investigations is hosting a regional private investigators conference at Kennedy Park this summer. Mr. Arbogast has made a request to your office for information on what would be required to have a tent on site to hold lectures. Mr. Arbogast reports he is renting the tent from a local vendor and the tent is a temporary membrane structure measuring 40' x 80' and meets NFPA 701. Mr. Arbogast reports there will be seating for 300 guests and a few tables for registration.



As a fire inspector you will need to respond to Mr. Arbogast's request in the form of a letter. You will need to include the following in your letter.

1. Why it is important to obtain a permit and what type of permit is required.
2. What is the process and procedures in acquiring a permit?
3. The candidate will cite the applicable code references using the Ohio Fire Code.

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE THE CANDIDATE LETTER ON THE NEXT PAGE

HAZARD RECOGNITION OFFICER		SKILL TEST #3			RANDOM			
Primary Task		PLAN REVIEW			JPR(s)		4.2.3	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.2.3	Given a situation or condition, recognize the need for plan review so that requirements for plan reviews are communicated in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Plan review policies of the jurisdiction and the rationale for the plan review.							
Requisite Skills	The ability to communicate orally and in writing.							
Instructions	The candidate will complete a written letter identifying the need for a plan review and the steps to necessary to complete the review to the responsible party. The candidate will then present the information verbally to an evaluator. The candidate shall identify all applicable Ohio Fire Code references.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Identify criteria for plan review according to codes and standards.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recognize the need for a plan review.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understand the type of plan review required.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate in writing the need for plan review and how to proceed.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Verbally communicate the need for plan review and how to proceed.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adhere to the policies of the jurisdiction.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								

EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE				CERT #		
		X						
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE				CERT #		
		X						
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE				CERT #		
		X						
CANDIDATE NAME		CANDIDATE SIGNATURE				CERT #		
		X						

HAZARD RECOGNITION OFFICER**SKILL TEST #3****SCENARIO: 3.1****Field Inspection**

With the recent expansion of the municipal water system to the outlying areas of your district, Mr. Stark has contacted your agency about having a new sprinkler system installed at the Stark Industries Laboratory. He states that the reduced insurance premiums will make the addition of the sprinkler system very cost effective. Stark Industries is a technology conglomerate / defense contractor and occupies a 132,900 square foot building built in 1940. The building is of Type I Construction and is a Factory Industrial F-1 Moderate-Hazard Occupancy. At the time of construction, sprinkler systems were not required.

**KEY INFORMATION:**

The Occupancy is a Factory Industrial F-1 Moderate-Hazard, 132,900 square foot building built in 1940.

As a fire inspector you need to respond to Mr. Stark's request in the form of a letter. You will need to include the following in your letter.

1. Why it is necessary to obtain a plan review?
2. What kind of plans are needed for the review?
3. What are the steps in the plan review?
4. The candidate will cite the applicable code references using the Ohio Fire Code.

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE THE CANDIDATE LETTER ON THE NEXT PAGE

HAZARD RECOGNITION OFFICER		SKILL TEST #4		RANDOM			
Primary Task		INVESTIGATE COMPLAINT		JPR(s)	4.2.4		
CANDIDATE NAME (Please Print)			TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME			TEST DATE				
TEST SITE ADDRESS			START TIME				
CITY		STATE	ZIP	END TIME			
JPR 4.2.4	Given a reported situation or condition, investigate common complaints so that complaint information is recorded, the AHJ-approved process is initiated, and the complaint is resolved.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Applicable codes and standards adopted by the jurisdiction and policies of the jurisdiction.						
Requisite Skills	The ability to apply codes and standards, communicate orally and in writing, recognize problems, and resolve complaints.						
Instructions	Having been informed of a common fire safety complaint (condition or situation), the candidate will record the information, initiate the complaint response process, and resolve the complaint.						
Performance Outcome	Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS				TEST 1		RETEST 2	RETEST 3
				P	F	P	F
1. Receive the complaint with attentiveness and concern.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Record the complaint information for future reference.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Research applicable codes and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Perform an investigation to confirm situation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Resolve complaint based upon policies, codes, and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accurately reflects applicable codes and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complete Inspection Report citing violations and corrective actions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Verbally communicate the violations and corrective actions effectively.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass							
COMMENTS							
EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE			CERT #		
		X					
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE			CERT #		
		X					
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE			CERT #		
		X					
CANDIDATE NAME		CANDIDATE SIGNATURE			CERT #		
		X					

CANDIDATE NAME (Please Print)

HAZARD RECOGNITION OFFICER

SKILL TEST #4

SCENARIO: 4.1

Field Inspection

Today the Ohio State Buckeyes are playing the Michigan Wolverines at 1200 hrs. and you are the on duty Fire Inspector in your city. At 1300 hrs. Dispatch requests that you report to Nuttal & Mann's Saloon No. 10 located at 624 Main Street on a complaint of overcrowding. Dispatch sends the call information to your MDC, the anonymous caller complained of overcrowding and stated she "felt uncomfortable being in the establishment because it was extremely over crowded" Additionally, she stated; "because of the football game playing on all of the new TV's all of the exit signs are blocked from view". The Occupancy is an Assembly use group with a Posted Occupant Load of 54. The total occupants in bar at time of your arrival is 79.



KEY INFORMATION:

The Occupancy is an Assembly Use Group with a Posted Occupant Load of 54. The total occupants in the bar at time of your arrival is 79 and there are 2 posted exits where new TV's were mounted completely blocking the exit signs.

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE THE FIRE INSPECTION REPORT ON THE NEXT PAGE

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #4	
SCENARIO: 4.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESSION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #5			RANDOM			
Primary Task		IDENTIFY APPLICABLE FIRE CODE			JPR(s)		4.2.5	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.2.5	Given a fire protection, fire prevention, or life safety issue, Identify the applicable code or standard so that the applicable document, edition, and section are referenced.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Applicable codes and standards adopted by the jurisdiction.							
Requisite Skills	The ability to apply codes and standards.							
Instructions	Using the information provided in Scenario 5.1, identify the applicable code or standard, referencing the proper edition and section of the code or standard and properly applying the code or standard to the identified violation.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Identify the violation.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify the applicable code or standard.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reference the proper edition of applicable code or standard.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reference the correct section of applicable code or standard.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Properly apply the code or standard to a fire protection issue.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
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<hr/>								
<hr/>								
<hr/>								
<hr/>								
<hr/>								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE			CERT #		
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE			CERT #		
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE			CERT #		
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE			CERT #		
			X					

CANDIDATE NAME (Please Print)

HAZARD RECOGNITION OFFICER

SKILL TEST #5

SCENARIO: 5.1

Field Inspection

On September 15th, 2019 you report to 1 Wall Street Court, The Continental Hotel to conduct a scheduled acceptance test of the recently installed Automatic Sprinkler System. When you arrive on site you are met by the Hotel Concierge, Mr. Charon and Nick Fury of the Shield Fire Protection Company. This is your first time meeting Mr. Fury but you are relieved to be working with the reputable Shield Fire Protection Company that you have worked with for years without any issues. Mr. Fury reports "I have my Fire Protection certification from the State Fire Marshal" and he provides you with his certification as below that you verified against his State Issued photo ID. Mr. Fury appears to be operating according to the Ohio Fire Code.



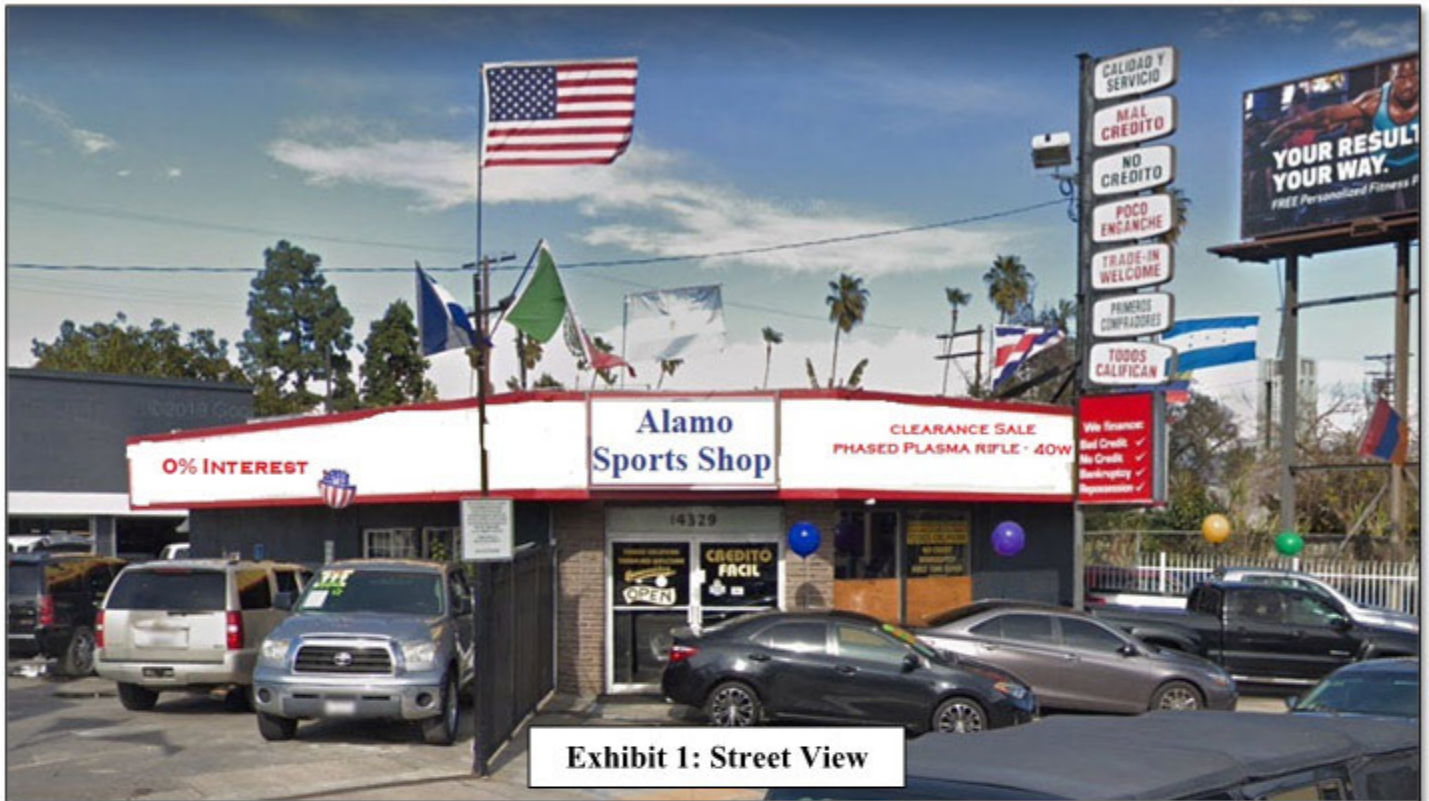
CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE THE FIRE INSPECTION REPORT ON THE NEXT PAGE

CANDIDATE NAME (Please Print)			
Are there violations of the applicable Codes and/or Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Identify the violation(s), code sections and what actions you would take. If No: Stop, no further action is required.			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #5	
BUSINESS NAME		INSPECTION DATE	
BUSINESS ADDRESS		BUSINESS PHONE (555) 555-5555	
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME Mr. Winston		BUSINESS OWNER PHONE (555) 555-5555	
KEY HOLDER None	KNOX BOX None	OCCUPANCY CLASS	OCCUPANT LOAD 812
SUPPRESSION SYSTEM	FIRE ALARM Monitored Smoke/Pulls	CONSTRUCTION TYPE Type III Ordinary, Unprotected	SPECIAL HAZARDS

VIOLATIONS		
VIOLATION	ACTION REQUIRED	CODE REF.

REMARKS		
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>		
OWNER NAME	OWNER SIGNATURE X	DATE
INSPECTOR NAME	INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #6			RANDOM				
Primary Task		PARTICIPATE IN LEGAL PROCEEDINGS			JPR(s)		4.2.6		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME				TEST DATE					
TEST SITE ADDRESS				START TIME					
CITY		STATE	ZIP	END TIME					
JPR 4.2.6	Given the findings of a field inspection or a complaint and consultation with legal counsel, participate in legal proceedings so that all information is presented and the inspector's demeanor is professional.					State Maximum Allotted Time 30 minutes			
Requisite Knowledge	The legal requirements pertaining to evidence rules in the legal system and types of legal proceedings.								
Requisite Skills	The ability to maintain a professional courtroom demeanor, communicate, listen, and differentiate facts from opinions.								
Instructions	Using the information provided in Scenario 6.1, the candidate will play the role of the Fire Inspector I facing a legal challenge to his resolution of an Ohio Fire Code Violation. The evaluator will act as the legal counsel and the candidate will testify in front of the Board of Appeals (simulated) to the conditions, applicable codes and standards, and the resolution of the Ohio Fire Code Violation(s).								
Performance Outcome	Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Testify at simulated Appeal Board Hearing.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Testify to the conditions identified on the Inspection Report.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Testify to the appropriate Ohio Fire Codes.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Testify to the proper resolution of the situation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Present a demeanor appropriate to the proceedings.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Present accurate information in response to questions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #		
			X						
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #		
			X						
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #		
			X						
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #		
			X						

**KEY INFORMATION:**

The 1426 square foot building built in 1963 has a full basement and is of Type III-B Unprotected Combustible construction. The location has a Mercantile Use Group with a Posted Occupant Load of 23 with only one entrance/exit.



Exhibit 3: Basement (From center looking towards B Side)



Exhibit 4: Basement (From center looking towards CD Corner)

KEY INFORMATION:

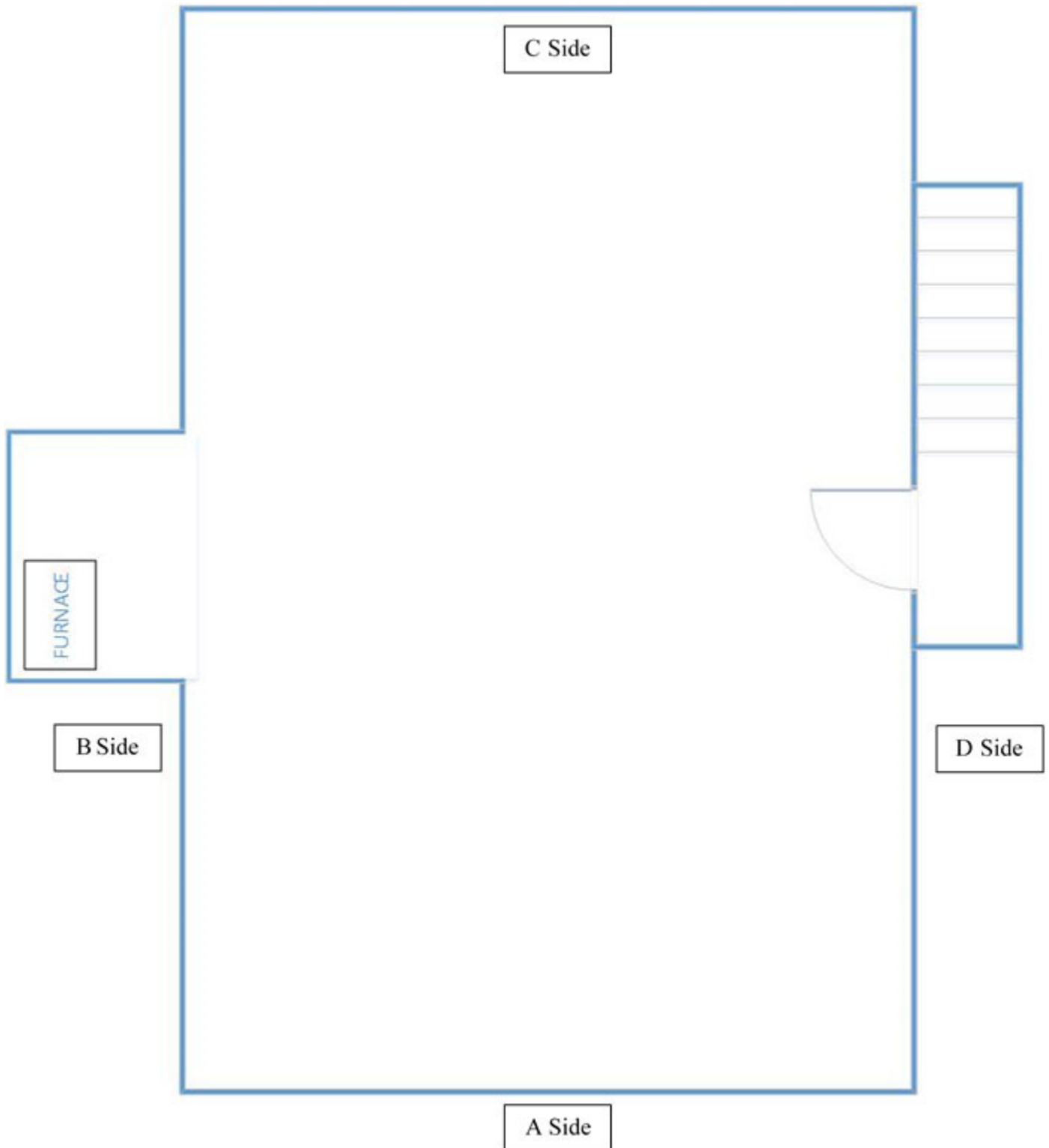
The 1426 square foot building built in 1963 has a full basement and is of Type III-B Unprotected Combustible construction. The location has a Mercantile Use Group with a Posted Occupant Load of 23 with only one entrance/exit.

CANDIDATE NAME (Please Print)

HAZARD RECOGNITION OFFICER

SKILL TEST #6

SCENARIO: 6.1



KEY INFORMATION:

The basement is concrete block with a poured concrete floor and is approximately 1426 square foot. The basement is completely open and the wood floor joists are exposed. Per the original building plans and the Certificate of Occupancy on file the Building Department the basement is not approved for storage and is for mechanicals only.

CANDIDATE NAME (Please Print)

OHIO DIVISION OF EMS FIRE INSPECTION REPORT



FRANKLIN COUNTY FIRE DEPARTMENT

FIRE PREVENTION BUREAU

FIRE INSPECTION REPORT

HAZARD RECOGNITION OFFICER		SKILL TEST #6		SCENARIO: 6.1	
BUSINESS NAME <i>Alamo Sport Shop</i>				INSPECTION DATE <i>June 17, 2019</i>	
BUSINESS ADDRESS <i>14329 Victory Blvd</i>				BUSINESS PHONE <i>(213) 555-5555</i>	
CITY <i>Van Nuys</i>		STATE <i>OH</i>		ZIP CODE	
BUSINESS OWNER NAME <i>Rob Garrett</i>				BUSINESS OWNER PHONE <i>(714) 555-5555</i>	
KEY HOLDER <i>N/A</i>	KNOX BOX <i>None</i>	OCCUPANCY CLASS <i>Mercantile</i>		OCCUPANT LOAD <i>23</i>	
SUPPRESSION SYSTEM <i>N/A</i>	FIRE ALARM <i>N/A</i>	CONSTRUCTION TYPE <i>Type III Ordinary, Unprotected</i>		SPECIAL HAZARDS <i>Ammo and powder in showroom</i>	

VIOLATIONS

VIOLATION	ACTION REQUIRED	CODE REF.
Combustible materials stored against furnace without separation	Remove combustible storage in basement	OFC 315.3
Combustible materials stored in basement chaotically and not stable	Remove combustible storage in basement	OFC 315.3
Storage in basement within 2' of the ceiling	Remove combustible storage in basement	OFC 315.3.1
Combustible materials stored in mechanical rooms	Remove combustible storage in basement	OFC 315.3.3
Combustible Storage in basement / basement not approved for storage	Remove combustible storage in basement	OFC 315.3.4

REMARKS

Shall remove all Combustible Storage from the basement, the basement is not approved for storage.

You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.

OWNER NAME <i>Sarah J. Connor</i>	OWNER SIGNATURE X <i>Sarah J. Connor</i>	DATE <i>06/17/19</i>
INSPECTOR NAME <i>Johnny Gage #331</i>	INSPECTOR SIGNATURE X <i>Johnny Gage #331</i>	DATE <i>#24738</i>

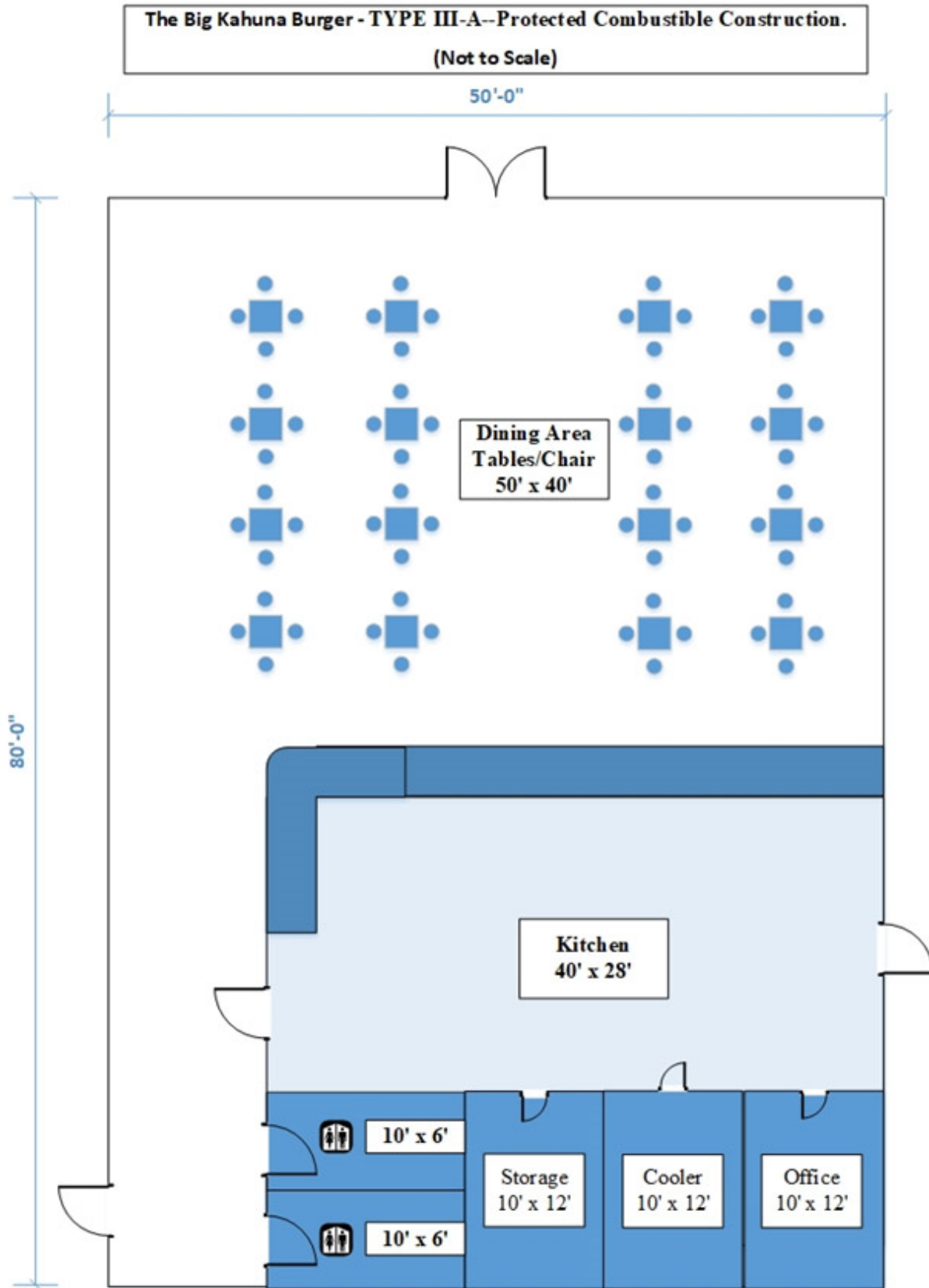
HAZARD RECOGNITION OFFICER		SKILL TEST #7			RANDOM			
Primary Task		OCCUPANCY CLASSIFICATION			JPR(s)		4.3.1	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.1	Given a description of the occupancy and its use, identify the occupancy classification of a single-use occupancy so that the classification is made according to the applicable codes and standards.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Occupancy classification types; applicable codes, regulations, and standards adopted by the jurisdiction; operational features; and fire hazards presented by various occupancies.							
Requisite Skills	The ability to make observations and correct decisions.							
Instructions	Given a detailed description of a single-use occupancy provided in Scenario 7.1, identify the proper occupancy classification according to applicable codes and standards.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Identify the occupancy classification of given occupancy.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Consider use of occupancy in occupancy classification.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilize applicable codes and standards in classification.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE			CERT #		
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE			CERT #		
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE			CERT #		
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE			CERT #		
			X					

CANDIDATE NAME (Please Print)		
HAZARD RECOGNITION OFFICER	SKILL TEST #7	SCENARIO: 7.1
Field Inspection	You report to 1640 Riverside Drive, Columbus, Ohio for a Certificate of Occupancy Inspection for a new fast food restaurant, The Big Kahuna Burger. The restaurant is a 4000 square feet Type III-A-Protected Combustible Construction.	



OCCUPANCY REPORT		
CANDIDATE	OCCUPANCY CLASSIFICATION	FIRE CODE REFERENCE
CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE THE OCCUPANCY REPORT ABOVE		

HAZARD RECOGNITION OFFICER		SKILL TEST #8			MANDATORY			
Primary Task		OCCUPANT LOAD			JPR(s)		4.3.2	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.2	Compute the allowable occupant load of a single-use occupancy or portion thereof, given a detailed description of the occupancy, so that the calculated allowable occupant load is established in accordance with applicable codes and standards.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Occupancy classification; applicable codes, regulations, and standards adopted by the jurisdiction; operational features; fire hazards presented by various occupancies; and occupant load factors.							
Requisite Skills	The ability to calculate occupant loads, identify occupancy factors related to various occupancy classifications, use measuring tools, and make field sketches.							
Instructions	Given a detailed description of a single-use occupancy, occupancy from the scenario packet, identify the proper occupancy classification according to applicable codes and standards.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Calculate allowable occupant load for single-use occupancy.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use given description of occupancy to establish occupant load.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use applicable codes and standards to establish occupant load.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Utilize applicable codes and standards in classification.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Utilize proper occupant load formula for calculation.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
EVALUATOR 1 NAME				EVALUATOR 1 SIGNATURE			CERT #	
				X				
EVALUATOR 2 NAME				EVALUATOR 2 SIGNATURE			CERT #	
				X				
EVALUATOR 3 NAME				EVALUATOR 3 SIGNATURE			CERT #	
				X				
CANDIDATE NAME				CANDIDATE SIGNATURE			CERT #	
				X				



**CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE
THE MAX OCCUPANT LOAD ON THE FOLLOWING PAGE**

CANDIDATE NAME (Please Print)

HAZARD RECOGNITION OFFICER

SKILL TEST #8

SCENARIO: 8.1

**NOTICE
FOR YOUR SAFETY
OCCUPANCY
IS LIMITED TO:**

**PERSONS
BY ORDER OF
THE FIRE CODE OFFICIAL
Keep Posted Under Penalty of Law**

MAXIMUM OCCUPANT LOAD

CANDIDATE

Area	Square Feet	Occupant Load Factor	Max Load
Dining Area:			
Kitchen:			
Office:			

**CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE
THE OCCUPANCY REPORT ABOVE**

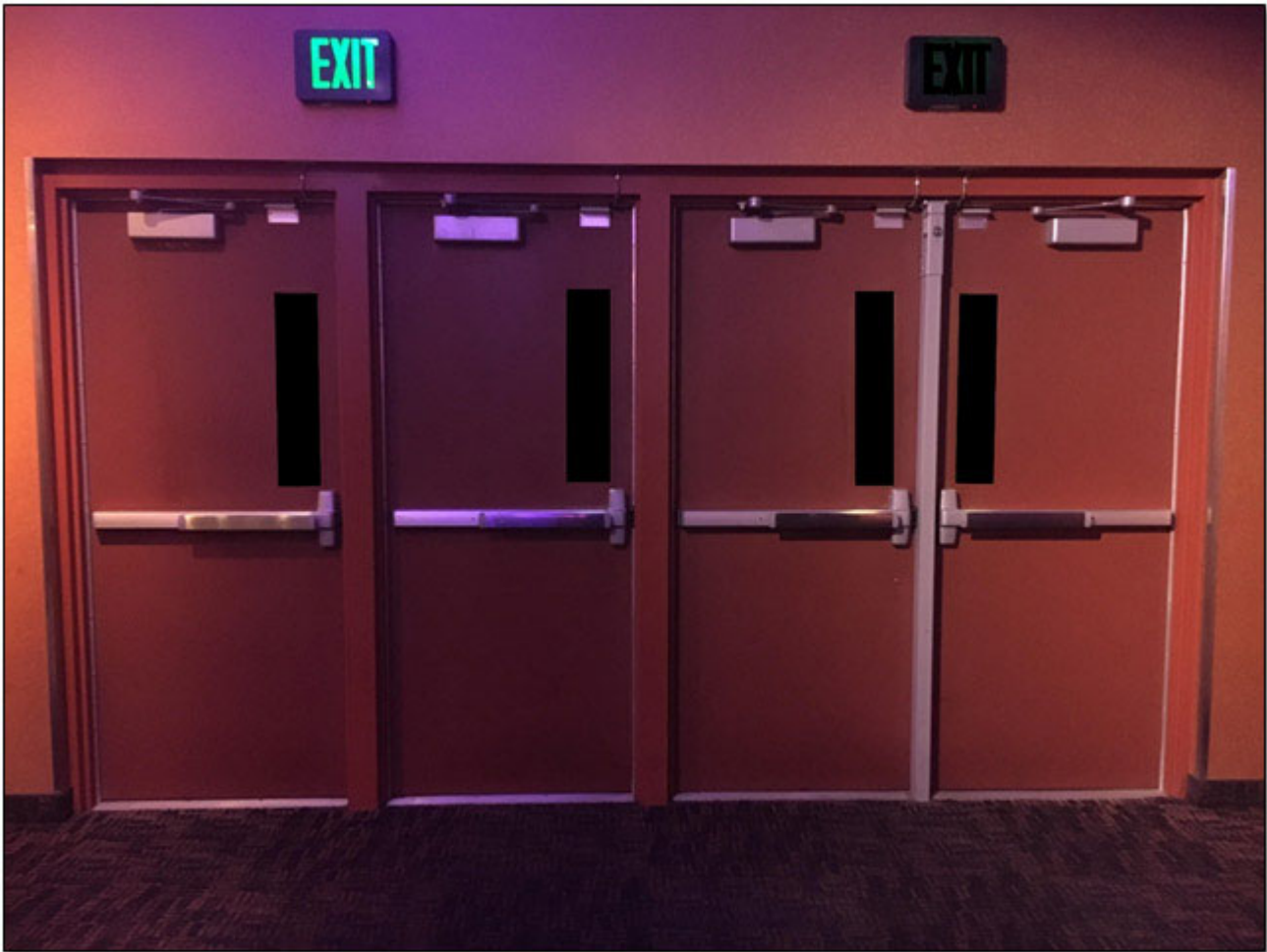
HAZARD RECOGNITION OFFICER		SKILL TEST #9			RANDOM			
Primary Task		MEANS OF EGRESS INSPECTION			JPR(s)		4.3.3	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.3	Inspect means of egress elements, given observations made during a field inspection of an existing building, so that means of egress elements are maintained in compliance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Applicable codes and standards adopted by the jurisdiction related to means of egress elements, maintenance requirements of egress elements, types of construction, occupancy egress requirements, and the relationship of fixed fire protection systems to egress requirements and to approved means of egress elements, including, but not limited to, doors, hardware, and lights.							
Requisite Skills	The ability to observe and recognize problems, calculate, make basic decisions related to means of egress, use measuring tools, and make field sketches.							
Instructions	Using observations from the following photographs of inspections conducted in existing buildings, establish that the means of egress elements are being maintained in accordance with applicable codes and standards. Identify, document, and report deficiencies in accordance with the policies of the jurisdiction.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Make personal observations or use given field observations.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect means of egress elements for an existing building.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ensure that means of egress is being maintained.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Confirm compliance with applicable codes and standards.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify and document deficiencies.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Report deficiencies in accordance with policies of jurisdiction.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to calculate, use measuring tools and make field sketches.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
<hr/> <hr/> <hr/>								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #	
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #	
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #	
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #	
			X					

HAZARD RECOGNITION OFFICER	SKILL TEST #9	SCENARIO: 9.1
Field Inspection	You are conducting a scheduled annual inspection at the Storefront Law Firm located at 411 Woody Hayes Drive, Columbus, OH 43210. Upon arrival at the location you are met by owner Mr. Matthew Murdock. Mr. Murdock grants permission to conduct the inspection and has one of his employees, "Foggy" Nelson accompany you on the inspection.	



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS			
Ohio Division of EMS Fire Inspection Report: Skill Test 9.1			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE	CERT #
		X	
CANDIDATE NAME		CANDIDATE SIGNATURE	CERT #
		X	

HAZARD RECOGNITION OFFICER	SKILL TEST #9	SCENARIO: 9.2
Field Inspection	You are conducting a scheduled annual inspection at the Rialto Movie Theater located at 925 Riverside Drive, Cincinnati, OH 45202. Upon arrival at the location, the owner Harry Callahan meets you and grants permission to conduct the inspection. During the inspection, you find the conditions in the photo at the primary egress for the 10 Screen Movie MegaPlex.	



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS			
Ohio Division of EMS Fire Inspection Report: Skill Test 9.2			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X		CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X		CERT #

HAZARD RECOGNITION OFFICER	SKILL TEST #9	SCENARIO: 9.3
Field Inspection	On a cold December day just after a heavy snowstorm you find yourself conducting a scheduled annual inspection at the Overlook Hotel located at 333 E. Wonderview Avenue, Estes Park, OH 80517. The 110-room hotel was built in 1909 and is 69,582 square feet. Upon arrival at the location, the caretaker Jack Torrance meets you and grants permission to conduct the inspection.	



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS			
Ohio Division of EMS Fire Inspection Report: Skill Test 9.3			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X		CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X		CERT #

HAZARD RECOGNITION OFFICER	SKILL TEST #9	SCENARIO: 9.4
Field Inspection	<p>You are conducting a final Certificate of Occupancy inspection with your City Building Official at Universal Exports. Universal Exports is a brand new department store specializing in imported goods from the United Kingdom. The 116,646 square foot building is of Type II-B-Unprotected Construction and is a Mercantile Group M occupancy. The building is fully equipped with an automatic sprinkler system and automatic fire detection system. During the inspection it is determined the delayed egress locking system below releases freely allowing immediate egress when the sprinkler system activates, fire alarm system activates and/or during a power failure.</p>	



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS			
Ohio Division of EMS Fire Inspection Report: Skill Test 9.4(b)			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X		CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X		CERT #

HAZARD RECOGNITION OFFICER	SKILL TEST #9	SCENARIO: 9.4(b)
Field Inspection	<p>You are conducting a final Certificate of Occupancy inspection with your City Building Official at the brand new General Zod High School. The 116,646 square foot building is of Type II-A-Protected Construction and is an Education Group E occupancy. The building is fully equipped with an automatic sprinkler system and automatic fire detection system. During the inspection it is determined the delayed egress locking system below releases freely allowing immediate egress when the sprinkler system activates, fire alarm system activates and/or during a power failure.</p>	



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS			
Ohio Division of EMS Fire Inspection Report: Skill Test 9.4			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X		CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X		CERT #

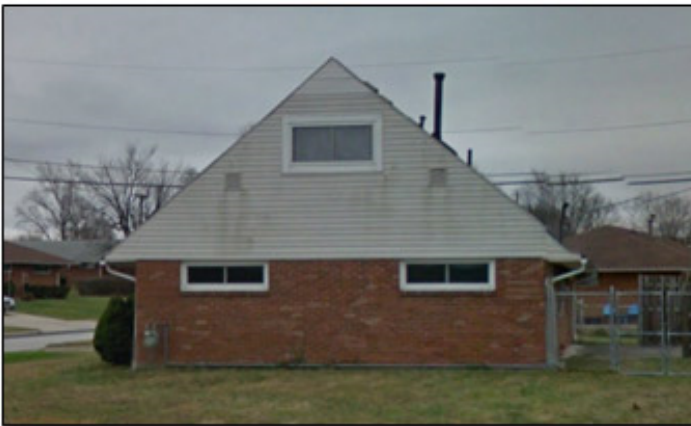
HAZARD RECOGNITION OFFICER		SKILL TEST #10		RANDOM			
Primary Task		IDENTIFY CONSTRUCTION TYPE		JPR(s)		4.3.4	
CANDIDATE NAME (Please Print)			TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME			TEST DATE				
TEST SITE ADDRESS			START TIME				
CITY		STATE	ZIP	END TIME			
JPR 4.3.4	Verify the type of construction for an addition or remodeling project, given field observations or a description of the project and the materials being used, so that the construction type is identified and recorded in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Applicable codes and standards adopted by the jurisdiction, types of construction, rated construction components, and accepted building construction methods and materials.						
Requisite Skills	The ability to read plans, make decisions, and apply codes and standards.						
Instructions	Classify the type of construction for an addition or remodeling project. Use the description of the project and materials being used to identify and record the construction type in accordance with applicable codes, standards, and policies of the jurisdiction.						
Performance Outcome	Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS				TEST 1		RETEST 2	RETEST 3
				P	F	P	F
1. Make field observations or use project description.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify type of construction of addition or remodeling project.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Record construction type in accordance with applicable codes.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Record construction type according to the policies of jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to read plans and make decisions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass							
COMMENTS							
EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE			CERT #		
		X					
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE			CERT #		
		X					
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE			CERT #		
		X					
CANDIDATE NAME		CANDIDATE SIGNATURE			CERT #		
		X					

CANDIDATE NAME (Please Print)

HAZARD RECOGNITION OFFICER

SKILL TEST #10

SCENARIO: 10.1



KEY INFORMATION:

The structure is in a large neighborhood of single-family homes. The structure at this location is being converted to a group home for individuals recovering from drug addiction and there will be staff on site 24/7. The Single-family, 1.5 story residence with 4 bedrooms was built in 1959 on a slab foundation with approximately 1799 square feet.

CONSTRUCTION TYPE REPORT – CURRENT STATUS

CANDIDATE

OCCUPANCY CLASSIFICATION

ORIGINAL CONSTRUCTION TYPE

CONSTRUCTION TYPE REPORT – NEW STATUS

OCCUPANCY CLASSIFICATION

NEW CONSTRUCTION TYPE

**CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED ABOVE COMPLETE
THE OCCUPANCY REPORT ABOVE**

HAZARD RECOGNITION OFFICER		SKILL TEST #11		RANDOM			
Primary Task		FIRE SUPPRESSION SYSTEM INSPECTION		JPR(s)		4.3.5	
CANDIDATE NAME (Please Print)			TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME			TEST DATE				
TEST SITE ADDRESS			START TIME				
CITY		STATE	ZIP	END TIME			
JPR 4.3.5	Determine the operational readiness of existing fixed fire suppression systems, given test documentation and field observations, so that the systems are in an operational state, maintenance is documented, and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge	A basic understanding of the components and operation of fixed fire suppression systems and applicable codes and standards.						
Requisite Skills	The ability to observe, make decisions, recognize problems, and read reports.						
Instructions	The Candidate will conduct a field inspection of an installed fixed suppression system and be provided with all maintenance and test documentation. Given the observations from the field inspection, the candidate shall determine the operational readiness of an existing fixed suppression system, ensuring that the system is an operational state, maintenance is documented and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.						
Performance Outcome	Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS				TEST 1		RETEST 2	RETEST 3
				P	F	P	F
1. Determine operational readiness of fixed suppression system.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use test documentation to determine operational readiness.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use field observations to determine operational readiness.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify documentation of maintenance and testing.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify and document violations of applicable codes and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Report deficiencies in accordance with the policies of jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass							
COMMENTS							
<hr/> <hr/> <hr/> <hr/>							
EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE			CERT #		
		X					
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE			CERT #		
		X					
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE			CERT #		
		X					
CANDIDATE NAME		CANDIDATE SIGNATURE			CERT #		
		X					

CANDIDATE NAME (Please Print)			
HAZARD RECOGNITION OFFICER		SKILL TEST #11	
SCENARIO: 11.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #12			MANDATORY			
Primary Task		FIRE ALARM SYSTEM INSPECTION			JPR(s)		4.3.6	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.6		Determine the operational readiness of existing fire detection and alarm systems, given test documentation and field observations, so that the systems are in an operational state, maintenance is documented, and deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge		A basic understanding of the components and operation of fire detection and alarm systems and devices and applicable codes and standards.						
Requisite Skills		The ability to observe, make decisions, recognize problems, and read reports.						
Instructions		The Candidate will conduct a field inspection of an existing fire detection system and be provided with all maintenance and test documentation. Given the observations from the field inspection, the candidate shall determine the operational readiness of the existing fire detection system, ensuring that the system is an operational state, maintenance is documented and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.						
Performance Outcome		Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Determine operational readiness of detection/alarm system.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use test documentation to determine operational readiness.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use field observations to determine operational readiness.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify documentation of maintenance and testing.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify and document violations of applicable codes and standards.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Report deficiencies in accordance with the policies of jurisdiction.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								

EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #	
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #	
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #	
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #	
			X					

CANDIDATE NAME (Please Print)			
HAZARD RECOGNITION OFFICER		SKILL TEST #12	
SCENARIO: 12.1			
BUSINESS NAME		INSPECTION DATE	
BUSINESS ADDRESS		BUSINESS PHONE	
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME		BUSINESS OWNER PHONE	
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESSION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

HAZARD RECOGNITION OFFICER	SKILL TEST #12	SCENARIO: 12.1
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BUSINESS NAME	INSPECTION DATE
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BUSINESS ADDRESS	BUSINESS PHONE
------------------	----------------

CITY	STATE	ZIP CODE
------	-------	----------

BUSINESS OWNER NAME	BUSINESS OWNER PHONE
---------------------	----------------------

KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
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SUPPRESION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS
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[illegible]

LOCATION	VIOLATION	ACTION REQUIRED	OFC
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REMARKS

You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.

OWNER NAME	OWNER SIGNATURE	DATE
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X

INSPECTOR NAME	INSPECTOR SIGNATURE	DATE
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X

HAZARD RECOGNITION OFFICER		SKILL TEST #13			RANDOM			
Primary Task		FIRE EXTINGUISHER INSPECTIONS			JPR(s)		4.3.7	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.7		Determine the operational readiness of existing portable fire extinguishers, given field observations and test documentation, so that the equipment is in an operational state, maintenance is documented, and deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge		A basic understanding of portable fire extinguishers, including their components and placement, and applicable codes and standards.						
Requisite Skills		The ability to observe, make decisions, recognize problems, and read reports.						
Instructions		The Candidate will conduct a specific field inspection of all of the on site fire extinguishers for a given area with a minimum of 8 different extinguishers of 3 different types. The candidate will be provided with all maintenance and test documentation. Given the observations from the field inspection, the candidate shall determine the operational readiness of the existing fire extinguishers, ensuring that they are in an operational state, maintenance is documented and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.						
Performance Outcome		Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Determine operational readiness of portable fire extinguishers.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use test documentation to determine operational readiness.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use field observations to determine operational readiness.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify documentation of maintenance and testing.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify and document violations of applicable codes and standards.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Report deficiencies in accordance with the policies of jurisdiction.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
<hr/> <hr/> <hr/> <hr/> <hr/>								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #	
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #	
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #	
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #	
			X					

HAZARD RECOGNITION OFFICER		SKILL TEST #14			MANDATORY					
Primary Task		HAZARDOUS CONDITIONS (ACTUAL FIELD INSPECTION)			JPR(s)		4.3.8			
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3			
TEST SITE NAME				TEST DATE						
TEST SITE ADDRESS				START TIME						
CITY			STATE	ZIP	END TIME					
JPR 4.3.8		Recognize hazardous conditions involving equipment, processes, and operations, given field observations, so that the equipment, processes, or operations are conducted and maintained in accordance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes				
Requisite Knowledge		Practices and techniques of code compliance inspections, fire behavior, fire prevention practices, ignition sources, safe housekeeping practices, and classification of hazardous materials.								
Requisite Skills		The ability to observe, communicate, apply codes and standards, recognize problems, and make decisions.								
Instructions		The Candidate will conduct a full Field Inspection of a given commercial building and complete the inspection report and communicate all findings to a designated person ensuring they understand why the corrections are necessary and how to bring the location into compliance.								
Performance Outcome		Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS					TEST 1		RETEST 2		RETEST 3	
					P	F	P	F	P	F
1. Prepare an Inspection Report.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Utilize observations from a field inspection.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prepare a report that communicates its message clearly.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prepare a report that communicates in a concise manner.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prepare a report that communicates accurately.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accurately reflects applicable codes and standards.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Verbally communicate the violations and corrective actions effectively.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass										
COMMENTS										
EVALUATOR 1 NAME				EVALUATOR 1 SIGNATURE				CERT #		
				X						
EVALUATOR 2 NAME				EVALUATOR 2 SIGNATURE				CERT #		
				X						
EVALUATOR 3 NAME				EVALUATOR 3 SIGNATURE				CERT #		
				X						
CANDIDATE NAME				CANDIDATE SIGNATURE				CERT #		
				X						

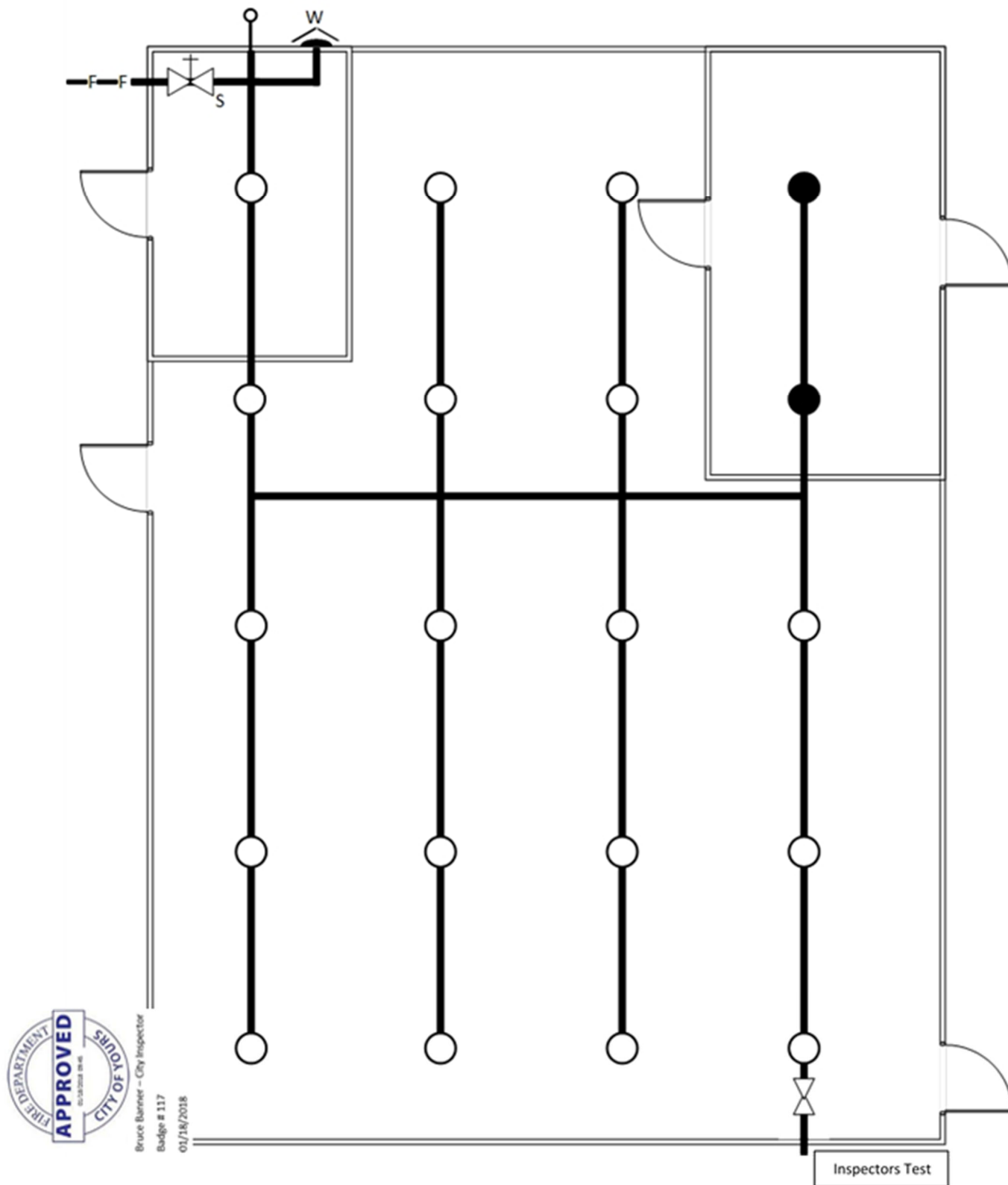
CANDIDATE NAME (Please Print)			
HAZARD RECOGNITION OFFICER		SKILL TEST #14	
SCENARIO: 14.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #15			RANDOM			
Primary Task		FIRE SUPPRESSION SYSTEM ACCEPTANCE INSPECTION			JPR(s)		4.3.9	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.9	Compare an approved plan to an existing fire protection system, given approved plans and field observations, so that any modifications to the system are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Fire protection symbols and terminology.							
Requisite Skills	The ability to read and comprehend plans for fire protection systems, observe, communicate, apply codes and standards, recognize problems, and make decisions.							
Instructions	Complete the inspection report and communicate your findings to the designated person.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Compare approved plans to an installed fire protection system.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Compare field observations to approved plans.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify any modifications to the system.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Document any modifications to the system.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Report any modifications to the system.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adhere to policies of the jurisdiction.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
<hr/>								
<hr/>								
<hr/>								
<hr/>								
<hr/>								
<hr/>								
EVALUATOR 1 NAME				EVALUATOR 1 SIGNATURE			CERT #	
				X				
EVALUATOR 2 NAME				EVALUATOR 2 SIGNATURE			CERT #	
				X				
EVALUATOR 3 NAME				EVALUATOR 3 SIGNATURE			CERT #	
				X				
CANDIDATE NAME				CANDIDATE SIGNATURE			CERT #	
				X				

Buffalo Trace Charred Oak Barrel Storage - 113 Great Buffalo Trace, Frankfort, OH 40601

Fire Suppression System Plan – Approved Plans



LEGEND

Upright Sprinkler:



OS&Y w/ Tamper:



Pendent Sprinkler:



Valve:



FDC: 6" NPT x 5" Storz:

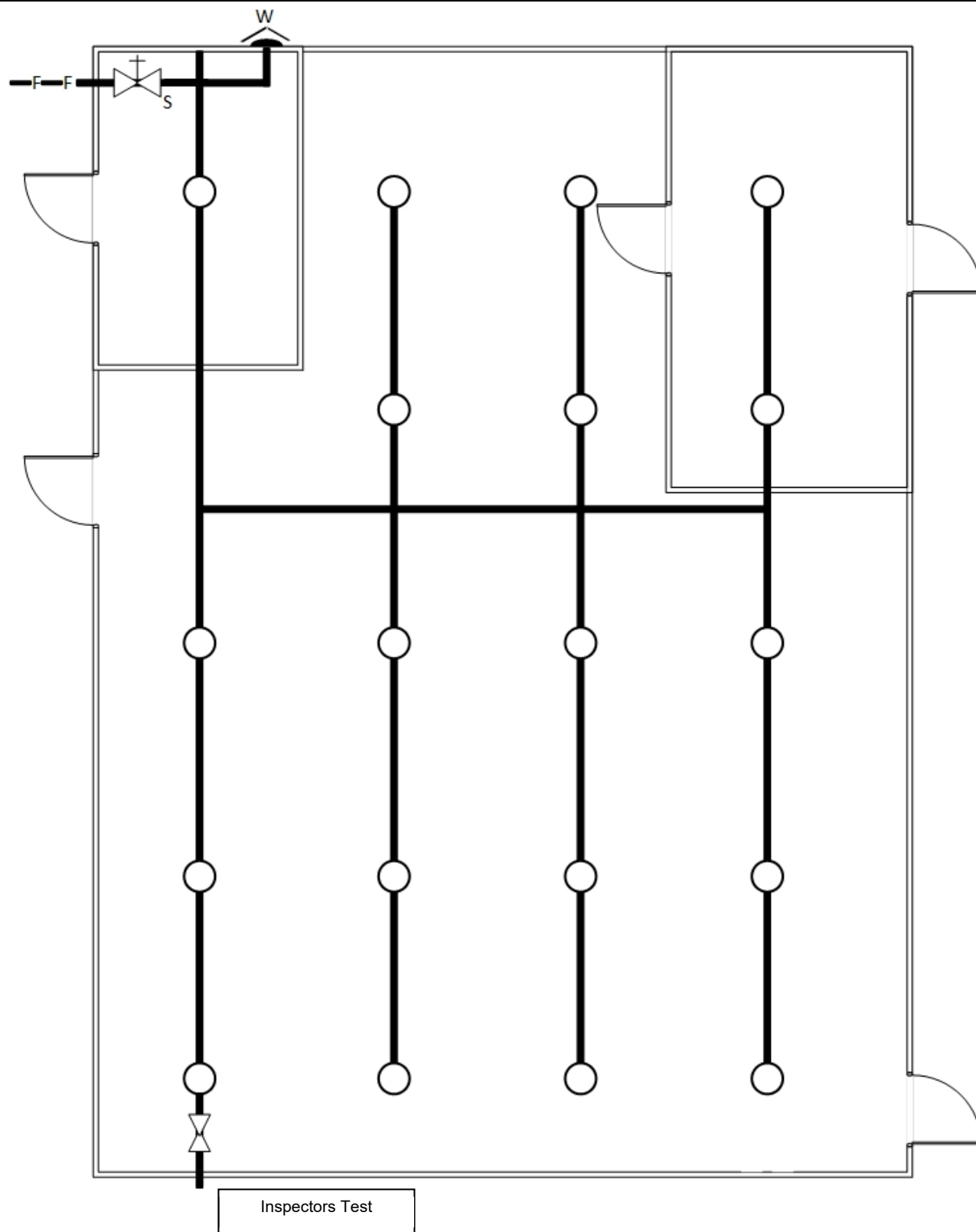


Water Flow Alarm:



Buffalo Trace Charred Oak Barrel Storage - 113 Great Buffalo Trace, Frankfort, OH 40601

Fire Suppression System Plan – As Built Plans



LEGEND

Upright Sprinkler:



OS&Y w/ Tamper:



Pendent Sprinkler:



Valve:



FDC: 6" NPT x 5" Storz:



Water Flow Alarm:



CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #15	
SCENARIO: 15.1			
BUSINESS NAME Buffalo Trace		INSPECTION DATE	
BUSINESS ADDRESS 113 Great Buffalo Trace		BUSINESS PHONE 555-867-5309	
CITY Frankfort	STATE OH	ZIP CODE	
BUSINESS OWNER NAME Elijah Craig		BUSINESS OWNER PHONE N/A	
KEY HOLDER On-Site Security	KNOX BOX N/A	OCCUPANCY CLASS High-hazard Group H-3	OCCUPANT LOAD N/A
SUPPRESSION SYSTEM Full Automatic Sprinkler System	FIRE ALARM Flow / Smoke / Heat	CONSTRUCTION TYPE Type IV- Heavy Timber	SPECIAL HAZARDS Large Volume Alcohol

PLAN REVIEW			
Is the Fire Suppression System installed as approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DEFICIENCIES			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #16			RANDOM				
Primary Task		BUILDING EMERGENCY PLANS			JPR(s)		4.3.10		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME				TEST DATE					
TEST SITE ADDRESS				START TIME					
CITY		STATE	ZIP	END TIME					
JPR 4.3.10		Verify that emergency planning and preparedness measures are in place and have been practiced, given field observations, copies of emergency plans, and records of exercises, so that plans are prepared and exercises have been performed in accordance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes			
Requisite Knowledge		Requirements relative to emergency evacuation drills that are required within the jurisdiction, ways to conduct and/or evaluate fire drills in various occupancies, and human behavior during fires and other emergencies.							
Requisite Skills		The ability to identify the emergency evacuation requirements contained in the applicable codes and standards and interpret plans and reports.							
Instructions		During a field inspection conduct a review of the emergency action plan and all associated drill documentation and verify compliance.							
Performance Outcome		Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Verify that an emergency/preparedness plan is in place.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Review written plan as it applies to codes and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Review documentation of emergency plan exercises.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use field observations to confirm emergency preparedness.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify and document deficiencies in the emergency plan.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Report deficiencies according to policies of the jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #		
			X						
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #		
			X						
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #		
			X						
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #		
			X						

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #16	
SCENARIO: 16.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE		CITY
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	KEY HOLDER	KNOX BOX
SUPPRESION SYSTEM	FIRE ALARM	SUPPRESION SYSTEM	FIRE ALARM

EMERGENCY PLAN REVIEW			
Based on the information and records provided is the facility in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DEFICIENCIES			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #17			RANDOM			
Primary Task		EMERGENCY ACCESS INSPECTION			JPR(s)		4.3.11	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.11	Inspect emergency access for an existing site, given field observations, so that the required access for emergency responders is maintained and deficiencies are identified, documented, and corrected in accordance with the applicable codes, standards, and policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Applicable codes and standards, the policies of the jurisdiction, and emergency access and accessibility requirements.							
Requisite Skills	The ability to identify the emergency access requirements contained in the applicable codes and standards, observe, make decisions, and use measuring tools.							
Instructions	Conduct a field inspection for emergency access to an identified site.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Inspect emergency access for a site.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Determine if required emergency access is being maintained.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify deficiencies according to codes, standards, policies.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Document deficiencies according to codes, standards, policies.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Correct deficiencies according to codes, standards, policies.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #	
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #	
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #	
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #	
			X					

CANDIDATE NAME (Please Print)			
HAZARD RECOGNITION OFFICER		SKILL TEST #17	
SCENARIO: 17.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #18			RANDOM			
Primary Task		COMBUSTIBLE AND FLAMMABLE LIQUID STORAGE			JPR(s)		4.3.12	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME				TEST DATE				
TEST SITE ADDRESS				START TIME				
CITY		STATE	ZIP	END TIME				
JPR 4.3.12	Verify code compliance for incidental storage, handling, and use of flammable and combustible liquids and gases, given field observations and inspection guidelines from the AHJ, so that applicable codes and standards are addressed and deficiencies are identified, documented, in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Classification, properties, labeling, storage, handling, and use of incidental amounts of flammable and combustible liquids and gases.							
Requisite Skills	The ability to observe, communicate, apply codes and standards, recognize problems, and make decisions.							
Instructions	The candidate will play the role of a Fire Inspector I conducting an annual inspection on a local business as identified in the following scenarios. The candidate shall complete the inspection report for the respective scenarios and effectively communicate their findings and corrective action to the evaluator playing the part of the location manager.							
Performance Outcome	Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS					TEST 1		RETEST 2	RETEST 3
					P	F	P	F
1. Verify compliance for storage of flammable and combustible liquids.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Verify compliance for handling of flammable and combustible liquids.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify compliance for the use of flammable and combustible liquids.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use field observations to determine code compliance.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use codes, standards, and guidelines to determine compliance.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identify deficiencies according to codes, standards, guidelines.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Document and report deficiencies according to guidelines.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								
COMMENTS								
<hr/> <hr/> <hr/> <hr/>								
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #	
			X					
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #	
			X					
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #	
			X					
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #	
			X					

OHIO DIVISION OF EMS FIRE INSPECTION REPORT

HAZARD RECOGNITION OFFICER	SKILL TEST #18	SCENARIO: 18.1
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Field Inspection	You report to Binford Tools located at 1054 272nd Street, White Pine Bay, Ohio for an annual inspection. While inspecting the location you find that with the recent onset of cold weather all of the lawn mowers that had been part of the exterior display have been moved inside for the season. Furthermore you discover all of the lawn mowers on display in the store have full tanks of gas.
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WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS

Ohio Division of EMS Fire Inspection Report: Skill Test 18.1

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE	CERT #
		X	
CANDIDATE NAME		CANDIDATE SIGNATURE	CERT #
		X	

HAZARD RECOGNITION OFFICER		SKILL TEST #19			RANDOM				
Primary Task		HAZARDOUS MATERIALS STORAGE			JPR(s)		4.3.13		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME				TEST DATE					
TEST SITE ADDRESS				START TIME					
CITY		STATE	ZIP	END TIME					
JPR 4.3.13		Verify code compliance for incidental storage, handling, and use of hazardous materials, given field observations, so that applicable codes and standards for each hazardous material encountered are addressed and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes			
Requisite Knowledge		Classification, properties, labeling, transportation, storage, handling, and use of hazardous materials.							
Requisite Skills		The ability to observe, communicate, apply codes and standards, recognize problems, and make decisions.							
Instructions		The candidate will play the role of a Fire Inspector I conducting an annual inspection on a local business as identified in the following scenarios. The candidate shall complete the inspection report for the respective scenarios and effectively communicate their findings and corrective action to the evaluator playing the part of the location manager.							
Performance Outcome		Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Verify compliance for storage of hazardous materials.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Verify compliance for handling of hazardous materials.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify compliance for the use of hazardous materials.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use field observations to determine code compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use codes, standards, and guidelines to determine compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identify deficiencies according to codes, standards, guidelines.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Document and report deficiencies according to guidelines.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #		
			X						
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #		
			X						
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #		
			X						
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #		
			X						

OHIO DIVISION OF EMS FIRE INSPECTION REPORT

HAZARD RECOGNITION OFFICER

SKILL TEST #19

SCENARIO: 19.1

Field Inspection

You report to 1640 Riverside Drive, Columbus, Ohio for an annual inspection of a fast food restaurant, The Big Kahuna Burger. While inspecting the location you find approximately fifty 20lb LP tanks stored in the basement. The manager informs you they are a mix of full and empty and they use them with the establishments various mobile food trucks.



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS

Ohio Division of EMS Fire Inspection Report: Skill Test 19.1

VIOLATIONS

LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X		CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X		CERT #

OHIO DIVISION OF EMS FIRE INSPECTION REPORT		
HAZARD RECOGNITION OFFICER	SKILL TEST #19	SCENARIO: 19.2
Field Inspection	You report to 31 Spooner Street, Quahog, Ohio for an annual inspection of a gas station, The Kwik-E-Mart. While inspecting the location you find the situation below.	



WITH THE INFORMATION AND PICTURES PROVIDED IDENTIFY THE VIOLATIONS			
Ohio Division of EMS Fire Inspection Report: Skill Test 19.2			
VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X		CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X		CERT #

HAZARD RECOGNITION OFFICER		SKILL TEST #20		RANDOM			
Primary Task		RECOGNIZE HAZARDOUS FIRE GROWTH POTENTIAL		JPR(s)	4.3.14		
CANDIDATE NAME (Please Print)			TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME			TEST DATE				
TEST SITE ADDRESS			START TIME				
CITY	STATE	ZIP	END TIME				
JPR 4.3.14	Recognize a hazardous fire growth potential in a building or space, given field observations, so that the hazardous conditions are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge	Basic fire behavior; flame spread and smoke development ratings of contents, interior finishes, building construction elements, decorations, decorative materials, and furnishings; and safe housekeeping practices.						
Requisite Skills	The ability to observe, communicate, apply codes and standards, recognize hazardous conditions, and make decisions.						
Instructions	The candidate will play the role of a Fire Inspector I conducting an annual inspection on a local elementary school. The candidate shall complete the inspection report for the respective scenarios and effectively communicate their findings and corrective action to the evaluator playing the part of the School Principal.						
Performance Outcome	Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS				TEST 1		RETEST 2	RETEST 3
				P	F	P	F
1. Recognize hazardous fire growth potential.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify hazardous conditions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify remedies for the hazardous conditions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use codes, standards, and guidelines to determine compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Document and report deficiencies according to guidelines.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate the ability to make decisions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass							
COMMENTS							

EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE				CERT #	
		X					
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE				CERT #	
		X					
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE				CERT #	
		X					
CANDIDATE NAME		CANDIDATE SIGNATURE				CERT #	
		X					

OHIO DIVISION OF EMS FIRE INSPECTION REPORT**HAZARD RECOGNITION OFFICER****SKILL TEST #20****SCENARIO: 20.1****Field Inspection**

You report to South Park Elementary located at 281 W. Lane Avenue, Columbus, Ohio for an annual inspection. While inspecting the location you find the situation identified in the pictures below.

**1st & 2nd Grade Hallway****1st Grade Classroom**

WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE FIELD INSPECTION REPORT ON THE NEXT PAGE.

KEY INFORMATION:

The South Park Elementary School is an E Use Group and was built in 1997 of Type II-A-Protected Non-Combustible Construction and has a full suppression system and fire alarm system.

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #20	
SCENARIO: 20.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESSION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #21			MANDATORY				
Primary Task		VERIFY CODE COMPLIANCE			JPR(s)		4.3.15		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME				TEST DATE					
TEST SITE ADDRESS				START TIME					
CITY		STATE	ZIP	END TIME					
JPR 4.3.15	Determine code compliance, given the codes, standards, and policies of the jurisdiction and a fire protection issue, so that the applicable codes, standards, and policies are identified and compliance is determined.					State Maximum Allotted Time 30 minutes			
Requisite Knowledge	Basic fire behavior; flame spread and smoke development ratings of contents, interior finishes, building construction elements, life safety systems, decorations, decorative materials, and furnishings; and safe housekeeping practices.								
Requisite Skills	The ability to observe, communicate, apply codes and standards, recognize hazardous conditions, and make decisions.								
Instructions	The candidate will play the role of a Fire Inspector I conducting a re-inspection of the commercial occupancy from Skill Test 14 to verify the violations have been resolved and the occupancy is in compliance with the Ohio Fire Code. Using the completed Inspection Report from Skill Test 14 conduct a re-inspection and record the findings on a new Inspection Report.								
Performance Outcome	Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Review the Inspection Report Candidate completed for Skill Test 14.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Conduct a re-inspection of the Occupancy.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Locate all identified violations from the Inspection Report				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify all violations have been remedied.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use codes, standards, and guidelines to determine compliance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Document and report remaining violations according to guidelines.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrate the ability to make decisions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Communicate the remaining violations & corrective actions effectively.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #		
			X						
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #		
			X						
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #		
			X						
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #		
			X						

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #21	
SCENARIO: 21.1			
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESSION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

HAZARD RECOGNITION OFFICER		SKILL TEST #22			RANDOM				
Primary Task		VERIFY FIRE FLOWS			JPR(s)		4.3.16		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME				TEST DATE					
TEST SITE ADDRESS				START TIME					
CITY		STATE	ZIP	END TIME					
JPR 4.3.16	Verify fire flows for a site, given fire flow test results and water supply data, so that required fire flows are in accordance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes			
Requisite Knowledge	Types of water distribution systems and other water sources in the local community, water distribution system testing, characteristics of public and private water supply systems, and flow testing procedures.								
Requisite Skills	The ability to use Pitot tubes, gauges, and other data gathering devices as well as calculate and graph fire flow results.								
Instructions	Determine fire flow for a site given fire flow test results and water supply data, so that required fire flows are in accordance with applicable standards and codes and all deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.								
Performance Outcome	Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Verify the required flow.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify tools needed to conduct proper fire flow testing.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Perform/Witness a fire flow test and compare results.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Referenced the correct section of the applicable code or standard.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify deficiencies according to codes, standards and policies.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Document test results and any deficiencies.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME			EVALUATOR 1 SIGNATURE				CERT #		
			X						
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE				CERT #		
			X						
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE				CERT #		
			X						
CANDIDATE NAME			CANDIDATE SIGNATURE				CERT #		
			X						

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS WATER FLOW TEST REPORT			
HAZARD RECOGNITION OFFICER		SKILL TEST #22	
SCENARIO: 22.1			
HYDRANT LOCATION 418 Ravensview Rr., Portland, OH		HYDRANT NUMBER 343	
TESTED BY N. Burkhardt		DATE June 18, 2019	
DAY OF WEEK Tuesday	TIME 1420 Hrs.	MINUTES OF FLOW 5 Minutes	WATER SUPPLY Municipal
PURPOSE OF TEST Sprinkler design criteria	OCCUPANCY M Occupancy	SUPPRESSION SYSTEM N/A	FIRE ALARM N/A
CONSTRUCTION TYPE Type V-A, Protected Wood Frame		SQUARE FEET 25,000	

FLOW DATA			
	HYDRANT #1	HYDRANT #2	HYDRANT #3
Discharge Size:	2.5"	2.5"	2.5"
Coefficient :	.9	.9	.9
Pitot Reading:	40	42	46
GPM:			
Total Flow:			
Static Reading:	76 PSI	76 PSI	76 PSI
Residual Reading:	62 PSI	62 PSI	62 PSI

RESULTS DATA			
	HYDRANT #1	HYDRANT #2	HYDRANT #3
20 PSI Residual:			
0 PSI Residual :			
Estimated Total:			

REMARKS		
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE X	CERT #
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE X	CERT #
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE X	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X	CERT #