



FIREFIGHTER II PRACTICAL EXAMINATION SKILL SHEETS

Ohio Department of Public Safety, Division of EMS

Effective January 1, 2021

Concept Idea NFPA 1001 Chapter 4, 2019 Ed
Firefighter II

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | | | |
|--|---|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Primary Task | 5-1 ESTABLISH COMMAND AND COORDINATE CREW | | JPR(s) | | 5.1.2, 5.2.2 | | | |
| Candidate Instruction | Given fire department communications equipment, departmental SOPs and a team the candidate shall determine the need for command, organize and coordinate an incident management system as officer on first arriving engine until command is transferred, functioning within the assigned role within the incident management system. Ensuring they communicate the need for team assistance, so that the senior officer is consistently informed of team needs, departmental SOPs are followed and the assignment is accomplished safely. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 5 minutes | | | |
| PERFORMANCE STEPS | | | TEST 1 | | RETEST 2 | | RETEST 3 | |
| Safely performs the following steps: | | | P | F | P | F | P | F |
| Sizes up incident scene on arrival (from stock photo presented by evaluator), fire conditions and type of occupancy and transmits initial report over radio | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to determine the need for and establish command | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicate the need for team assistance (additional resources) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbilize coordinating additional resources (such as Engine 1 assignment (Fire attack), verbalizes Engine 2 assignment (Water supply) and verbalizes Truck 1 assignment (Forcible entry, ventilation, search and rescue) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides briefing to senior officer who is assuming command | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to operate fire department communications equipment | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 7/7 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
|--------------------|-----------|-----------|-----------|
| SCORE | <i>17</i> | <i>17</i> | <i>17</i> |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

| | | | |
|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | | | | |
|--|--|--|--|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Primary Task | 5-2 INCIDENT REPORT | | | JPR(s) | | 5.2.1 | | | |
| Candidate Instruction | Given the report forms, guidelines and information complete a basic incident report. Ensuring all pertinent information is recorded, the information is accurate and the report is complete. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 10 minutes | | | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 | | |
| Safely performs the following steps: | | | | P | F | P | F | P | F |
| The ability to determine necessary Ohio Fire Incident Reporting System (OFIRS) codes | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof reports so that all pertinent information is recorded, the information is accurate and the report is complete | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Candidate demonstrates the ability to operate fire department computers or other equipment necessary to complete reports | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 4/4 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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| | | | |
|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 4 | / 4 | / 4 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

| | | | |
|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION - (FLIP THE SWITCH) | | | | | | |
|--|---|--|--|--------------------------|---|--------------------------|--------------------------|
| Primary Task | 5-3 IGNITABLE LIQUID FIRE | | | JPR(s) | | 5.3.1 | |
| Candidate Instruction | Given full PPE and SCBA, extinguish an ignitable liquid fire and apply a foam blanket to the surface of the fuel to create and maintain a foam blanket. Ensuring the fire is extinguished, re-ignition is prevented, team protection is maintained with a foam stream and the hazard is faced until retreat to safe haven is reached. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 15 minutes | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P | F |
| Dons PPE including SCBA and maintains team accountability | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Selects appropriate foam for the application | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Correctly selects and assembles hose and appliances for foam application as required | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses appropriate application techniques for foam/fuel type | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishes and maintains foam blanket | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire is extinguished and re-ignition is prevented | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approach and retreat from spills as part of a coordinated team. The hazard is faced until retreat to safe haven is reached | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 8/8 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 8 | / 8 | / 8 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION - (FLIP THE SWITCH) | | | | | | |
|--|---|--|--|--------------------------|---|--------------------------|--------------------------|
| Primary Task | 5-4 COORDINATE AN INTERIOR ATTACK | | | JPR(s) | | 5.3.2 | |
| Candidate Instruction | Given PPE and SCBA coordinate an interior attack line for a team's accomplishment of an assignment in a structure fire. Ensuring crew integrity is established, attack techniques are selected, attack techniques are communicated to the attack teams, constant team coordination is maintained and hazards are reported to the attack teams. The attack line shall be 1.5" or larger. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 10 minutes | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P | F |
| Dons full PPE with SCBA and maintains team accountability | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The ability to assemble a team to complete the assigned task | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Select tools for forcible entry | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose attack techniques for various levels of a fire (i.e. attic, grade level, upper levels, or basement) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire growth and development is continuously evaluated | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Efforts are coordinated with search, rescue and ventilation requirements are communicated or managed | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determine developing hazardous building or fire conditions | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident command is apprised of changing conditions | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 9/9 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 9 | / 9 | / 9 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION (Flip the Switch) | | | | | |
|--|--|--|--------------------------|--------------------------|---|--------------------------|
| Primary Task | 5-5 FLAMMABLE GAS FIRE | | | JPR(s) | | 5.3.3 |
| Candidate Instruction | Operating as a member of a team control a flammable gas cylinder fire. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 10 minutes | |
| PERFORMANCE STEPS | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | P | F | P | F |
| Dons PPE and SCBA and maintains team integrity and accountability | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contents of tank are identified | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The tank is cooled | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank integrity is evaluated and changing cylinder conditions noted | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous conditions are recognized and acted upon and safe havens are identified prior to advancing | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates ability to execute effective advances and retreats (cylinder faced during approach and retreat) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates water application techniques are appropriate with at least two 1.5" hose lines or larger with adjustable nozzle | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operate control valves (open valves are closed) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 9/9 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 10 | / 10 | / 10 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION - (FLIP THE SWITCH) | | | | | | |
|--|---|--|--|--------------------------|---|--------------------------|--------------------------|
| Primary Task | 5-6 PROTECTING EVIDENCE | | | JPR(s) | | 5.3.4 | |
| Candidate Instruction | Given a flashlight and overhaul tools protect evidence of fire cause and origin. Ensuring the evidence is noted and protected from further disturbance until investigators can arrive on the scene. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 10 minutes | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P | F |
| The ability to locate the fire's origin area | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recognize possible causes | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protects the evidence | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 4/4 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 4 | / 4 | / 4 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION - (FLIP THE SWITCH) | | | | | |
|--|---|--|--|--------------------------|---|--------------------------|
| Primary Task | 5-7 VEHICLE EXTRICATION | | | JPR(s) | 5.4.1 | |
| Candidate Instruction | Given stabilization and extrication tools extricate a victim entrapped in a motor vehicle as part of a team. Ensuring the vehicle is stabilized, the victim is disentangled without further injury and hazards are managed. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 15 minutes | |
| PERFORMANCE STEPS | | | | TEST 1 | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P F P F |
| The candidate shall perform one of the following operations: | | | | | | |
| WINDSHIELD OR WINDOW REMOVAL | | | | | | |
| Stabilizes vehicle (i.e. wheel chocks, cribbing, ropes, or other tools) prior to accessing patient. Candidate assess for need to isolate hazards (battery, fuel, etc.) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The ability to operate hand and power tools used for forcible entry and rescue as designed | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The candidate demonstrates the ability to perform <u>all</u> of the following: <input type="checkbox"/> Removes glass to avoid causing further hazards or injuries | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OR

| | | | | | | |
|---|--|--|--|--------------------------|--------------------------|--------------------------|
| REMOVING VEHICLE DOOR | | | | | | |
| Stabilizes vehicle (i.e. wheel chocks, cribbing, ropes, or other tools) prior to accessing patient. Candidate assess for need to isolate hazards (battery, fuel, etc.) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The ability to operate hand and power tools used for forcible entry and rescue as designed | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The candidate demonstrates the ability to perform all of the following: <input type="checkbox"/> Identifies the door to be removed and the method of removal <input type="checkbox"/> Tries before prying <input type="checkbox"/> Removes the door and moves to an area where it will not endanger others or interfere with operations. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OR (continued)

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| CANDIDATE NAME (Please Print) | DATE |
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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| STEERING WHEEL OR COLUMN Stabilizes vehicle (i.e. wheel chocks, cribbing, ropes, or other tools) prior to accessing patient. Candidate assess for need to isolate hazards (battery, fuel, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The ability to operate hand and power tools used for forcible entry and rescue as designed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The candidate demonstrates the ability to perform all of the following: <input type="checkbox"/> Identifies operation and method of displacing/removing steering wheel and/or column. <input type="checkbox"/> Displaces/removes the steering wheel and/or column utilizing appropriate techniques. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 4/4 for skill and perform all critical points

| | | | |
|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 4 | / 4 | / 4 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

| | | | |
|--|--------|---|--|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | | |
|--|---|--|--|--------------------------|---|--------------------------|--------------------------|
| Primary Task | 5-8 ASSIST RESCUE TEAM OPERATIONS | | | JPR(s) | | 5.4.2 | |
| Candidate Instruction | Given standard operating procedures, necessary rescue equipment and an assignment assist rescue operation teams. Ensuring procedures are followed, rescue items are recognized and retrieved and the assignment is completed. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 10 minutes | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P | F |
| The ability to identify and retrieve various types of rescue tools | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establish public barriers | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assist rescue teams as a member of the team when assigned | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 4/4 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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| | | | |
|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 4 | / 4 | / 4 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

| | | | |
|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | | | | |
|---|---|--|--|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Primary Task | 5-9 HOME FIRE SAFETY SURVEY | | | JPR(s) | 5.5.1 | | | | |
| Candidate Instruction | Given survey forms and procedures performs a fire safety survey in an occupied structure. Ensuring fire and life safety hazards are identified, recommendations for their correction are made to the occupant and unresolved issues are referred to the proper authority. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 20 minutes | | | | |
| PERFORMANCE STEPS | | | | TEST 1 | RETEST 2 | RETEST 3 | | | |
| Safely performs the following steps: | | | | P | F | P | F | P | F |
| Identifies himself or herself, the purpose of the visit and requests permission to conduct survey | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates ability to recognize life safety hazards in all areas of the dwelling | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes note of smoke and carbon monoxide detectors (recommends to occupant to install if there are none) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspects exterior of dwelling | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Informs dwelling occupant/owner of findings and proper methods of correction | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The ability to complete provided forms | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 7/7 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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| | | | |
|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | <i>17</i> | <i>17</i> | <i>17</i> |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

| | | | |
|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | |
|--|--|--|--------------------------|--------------------------|---|--------------------------|
| Primary Task | 5-10 FIRE AND LIFE SAFETY EDUCATION | | | JPR(s) | | 5.5.2 |
| Candidate Instruction | Given prepared materials present fire safety information to station visitors or small groups. Ensuring all information is presented, the information is accurate and questions are answered or referred. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 30 minutes for preparation and 3 - 5 minutes for presentation | |
| PERFORMANCE STEPS | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | P | F | P | F |
| Presents all information accurately | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presents all information in the prepared materials | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Answers all questions or refers them as appropriate | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to document presentations as required | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 5/5 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 5 | / 5 | / 5 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | | |
|---|---|--|--|--------------------------|---|--------------------------|--------------------------|
| Primary Task | 5-11 PRE - INCIDENT SURVEY | | | JPR(s) | | 5.5.3 | |
| Candidate Instruction | Given forms, necessary tools and an assignment prepare a pre-incident survey. Ensuring all required occupancy information is recorded, items of concern are noted and accurate sketches or diagrams are prepared. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 20 minutes | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P | F |
| Demonstrates the ability to identify the components of fire suppression and detection systems | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to detect hazards and special considerations to include in the pre-incident sketch | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to sketch the site, buildings and special features | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to complete all related departmental forms | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 5/5 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 5 | / 5 | / 5 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
|-------------------------------|------|

| FIREFIGHTER II | PRACTICAL SKILL EVALUATION | | | | | | |
|--|--|--|--|--------------------------|--|--------------------------|--------------------------|
| Primary Task | 5-12 EQUIPMENT MAINTENANCE | | | JPR(s) | | 5.5.4 | |
| Candidate Instruction | Given tools and manufacturers' instructions maintain power plants, power tools and lighting equipment. Ensuring equipment is clean and maintained according to manufacturer and departmental guidelines, maintenance is recorded and equipment is placed in a ready state or reported otherwise. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 5 minutes | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | RETEST 3 |
| Safely performs the following steps: | | | | P | F | P | F |
| Demonstrates the ability to select correct maintenance tools | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to follow guidelines | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to complete recording and reporting procedures on provided forms and equipment is placed in a ready state or reported otherwise | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to operate power plants, power tools and lighting equipment | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 5/5 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 5 | / 5 | / 5 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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| CANDIDATE NAME (Please Print) | DATE |
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| FIREFIGHTER II | PRACTICAL SKILL EVALUATION (Flip the Switch) | | | | | | | | |
|---|--|--|--|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Primary Task | 5-13 SERVICE TESTING FIRE HOSE | | | JPR(s) | | 5.5.5 | | | |
| Candidate Instruction | Given a pump, a marking device, pressure gauges, hose test gate valve, a timer, record sheets and related equipment perform an annual service test on fire hoses. Ensuring procedures are followed, the condition of the hose is evaluated, any damaged hose is removed from service and the results are recorded. The evaluator may stop this evaluation at any time due to an unsafe act. Do you have any questions? | | | | State Maximum Allotted Time 20 minutes | | | | |
| PERFORMANCE STEPS | | | | TEST 1 | | RETEST 2 | | RETEST 3 | |
| Safely performs the following steps: | | | | P | F | P | F | P | F |
| Hose couplings are properly connected and connections are tight | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test gate valve is attached to pumper discharge used, and test hose is connected to this valve. Pump panel discharge must not be used (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rope hose tool, rope, or strap is used to anchor hose to pumper at test gate valve | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate nozzle is attached to end of test hose | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hose line is properly filled and air is bled from hose line | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hose is marked at couplings | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leaking couplings are properly dealt with (tightened, gasket changed) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hose test gate valves are properly closed | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pump pressure is ordered increased; appropriate pressure from NFPA #1962 for hose type/size being tested | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The candidate indicates how long the pressure should be maintained (candidate may be asked how long it should be maintained) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At conclusion, pressure is ordered slowly reduced and discharge valves closed | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure is bled off at nozzle; hose is uncoupled and drained | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marks made at hose are examined for slip | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Candidate records results of test | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO UNSAFE ACTS COMMITTED DURING EVALUATION (CRITICAL POINT) | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate must have at least 15/15 for skill and perform all critical points

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| CANDIDATE NAME (Please Print) | DATE |
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|---------------------------|---------------|-----------------|-----------------|
| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
| SCORE | / 15 | / 15 | / 15 |
| TIME | | | |
| EVALUATOR COMMENTS | | | |

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|--|--------|----------------------------------|-------------------------------|
| FIRST EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| FIRST EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| SECOND EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| SECOND EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| THIRD EVALUATOR (Please Print) | CERT # | SKILL TEST DATE / / | |
| THIRD EVALUATOR SIGNATURE X | | Overall Skill Sheet Score | |
| | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

APPENDIX

Each item provides additional information for Frequently Asked Questions (FAQ) and supplemental information explaining the conditions the skill should be tested under based on the standards. As well as suggestions and recommendations on how to effectively and economically test the Job Performance Requirements (JPR).

| |
|---|
| 5-1 ESTABLISH COMMAND & COORDINATE CREW |
| Provide the candidate with a photo of a working structure fire. |
| 5-2 INCIDENT REPORT |
| Candidate will be given copy of OFIRS codes or AHJ codes. Candidate will be given a blank basic incident report and report a basic scenario such as: <ul style="list-style-type: none">• Cancelled Enroute• Fire Alarm – False Alarm |
| 5-3 IGNITABLE LIQUID FIRE |
| When using Class B Foam the Fire Fighter 2 is not expected to calculate application rates and densities. The backup line must be established before igniting fuel. |
| 5-5 FLAMMABLE GAS FIRE |
| The backup line must be established before igniting fuel. (safety team) |
| 5-6 PROTECTING EVIDENCE |
| This skill can be completed by utilizing a burn pod. |
| 5-8 ASSIST RESCUE TEAM OPERATIONS |
| The Fire Fighter 2 is not expected to be proficient in technical rescue skills. They should be able to help rescue teams to safely manage structural collapses, trench collapses, elevator, cave and tunnel emergencies. |
| 5-9 HOME FIRE SAFETY SURVEY |
| A fire safety survey is intended to be a basic survey of the property to identify major hazards such as locked/blocked exits, nonoperational fire protection and detection systems, a lack of smoke alarms in residential occupancies, nonoperational water supplies and hazardous storage as examples. |
| 5-10 FIRE AND LIFE SAFETY EDUCATION |
| Some examples for topics Stop drop and roll when one's clothing is on fire: <ol style="list-style-type: none">1. Crawl low under smoke2. Test and maintain residential smoke alarms according to manufacturer's directions3. Proper use and storage of ABC fire extinguishers4. Plan and practice a home escape with two ways out of each room, a meeting place and how to call the fire department (from the neighbor's house). |
| 5-12 EQUIPMENT MAINTENANCE |
| The candidate given a power plant (portable generator), power tools and lighting equipment should be checking for cleanliness, fluid levels and proper operating readiness. Tools to change, repair, or add should be made available. A form for any and all repairs or corrections should be made available. |
| 5-13 SERVICE TESTING FIRE HOSE |
| Hose testing devices are acceptable to use during this skill. |