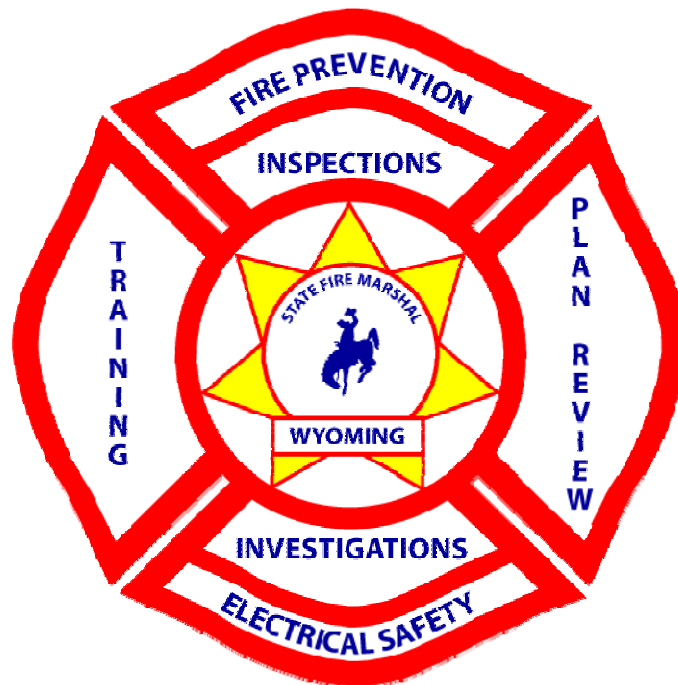


WYOMING FIREFIGHTERS CERTIFICATION SYSTEM



WYOMING FIREFIGHTER II STANDARD

NFPA 1001
2008 Edition

WYOMING DEPARTMENT OF FIRE PREVENTION
AND ELECTRICAL SAFETY



16 Firefighter Life Safety Initiatives

1. Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility. ***From top to bottom the culture of the fire service must change. You can change your behavior today. Lead by example and make a difference – be an agent of change.**
2. Enhance the personal and organizational accountability for health and safety throughout the fire service. *** Each fire service organization must promote safe practices; each individual must have the tools to be safe and adhere to safe practices at ALL TIMES.**
3. Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities. *** Learn the concept of "Risk Management," ensure everyone understands the difference between acceptable risk and an unacceptable risk. Develop and implement a system to pre-identify unacceptable risk. GO and NO GO.**
4. All firefighters must be empowered to stop unsafe practices. *** Firefighters must be allowed to identify and report unsafe practices. Be aware of safe practices and look for unsafe ones.**
5. Develop and implement national standards for training, qualifications, and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform. *** Seek state and national certifications at all levels available to your department. Support refresher training, promote teaching new methods and improve skills which are used infrequently.**
6. Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform. ***Departments should establish and enforce SOP"s which support wellness. Adopt a "heart healthy" life style.**
7. Create a national research agenda and data collection system that relates to the initiatives. *** Encourage your department to participate in WFIRS. Support data gathering at your department.**
8. ***Utilize available technology wherever it can produce higher levels of health and safety.**
9. Thoroughly investigate all firefighter fatalities, injuries, and near misses. ***Implement investigation without delay.**
10. *** Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.**
11. National standards for emergency response policies and procedures should be developed and championed. *** National standard for emergency response policy and procedures should be developed. At the local level – help adopt safe driving rules and enforce them – "arrive alive."**
12. National protocols for response to violent incidents should be developed and championed. *** Fire and EMS workers deserve to have policies which will reduce their exposure to all threats of violence.**
13. Firefighters and their families must have access to counseling and psychological support. *** Firefighting is a high risk occupation, which can put firefighters and their families under extreme stress. They deserve access to mental health care.**
14. Public education must receive more resources and be championed as a critical fire and life safety program. *** Public education is a responsibility of all fire service personnel. It should not be reserved for one week in October. Make communicating the fire prevention message to the community a priority.**
15. Advocacy must be strengthened for the enforcement of fire codes. *** Make sure all firefighters understand how sprinkler systems operate and the value they bring to reducing Line of Duty Death.**
16. Safety must be a primary consideration in the design of apparatus and equipment. *** Encourage your department to make safety the highest priority in equipment and apparatus purchases – as high as design and price.**



16 Firefighter Life Safety Initiatives

The 16 initiatives, listed on the preceding page, address the 6 root causes of firefighter injuries, close calls, and Line of Duty Death.

1. Ineffective policies and procedures.
2. Ineffective decision making.
3. Lack of preparedness.
4. Ineffective leadership.
5. Lack of personal responsibility.
6. Extraordinary and unpredictable circumstances.

For more information on the

Courage to be safe So everyone goes home program

Contact the Department of Fire Prevention

Training Division

At 307-777-7288

Or

View the Courage to be Safe Drills on our website at: <http://wyofire.state.wy.us>

Wyoming Firefighters Certification Committee

The WFCC is an 11 member board, which consists of 8- members from the fire service; 1- member from the State Forestry Rural Training Officer, 1- member representing the State Fire Marshals Office, 1- member representing a college with an emergency services program. The committee members function as liaison between the fire service and the Wyoming State Fire Marshal. The committee also serves in an advisory capacity to consider needs and plans of the DFPES.

**Please visit the SFMO website at <http://wyofire.state.wy.us>
For a current list of the members of the
Wyoming Firefighters Certification Committee**

Wyoming State Fire Marshal Department of Fire Prevention and Electrical Safety

Please direct Wyoming Firefighter certification questions and comments to:

Certification Coordinator
DFPES-Training Division
Herschler Building 1 West
122 W. 25th Street
Cheyenne, Wyoming 82002

PH: (307) 777-7288

FAX: (307) 777-7119

Please visit our Web site at: <http://wyofire.state.wy.us>

Wyoming Firefighter Certification Standards

Technical Committee

The Department of Fire Prevention and Electrical Safety would like to recognize and extend our appreciation to all the fire service professionals who worked on the firefighter certification standards. These individuals devoted many hours reviewing the National Fire Protection Association Standards, certification test banks and developing skills for these standards. To everyone involved you can take great satisfaction of knowing you have contributed to the professional development and safety of the fire service of Wyoming.

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INTRODUCTION

The world we live in is changing so fast, and the many phases of the fire service are becoming so technical and complex that fire service training must be utilized to its maximum potential. Any overlap, fragmentation, and lack of basic structure must be eliminated. Standardization is the natural complement and necessity.

The fire service in Wyoming, through a state certification program, can meet the needs of future growth and establish uniformity through certification. We will then have more effective and efficient utilization of resources so as to provide the best possible fire protection service for all the citizens throughout the state of Wyoming.

The following certification requirements are based on the objectives listed in the National Fire Protection Association (NFPA) 1001, *Standard for Fire Fighter Professional Qualifications*, as verified and adopted by the Department of Fire Prevention and Electrical Safety (DFPES) and the Wyoming Firefighters Certification Committee (WFCC).

Through these national standards and certification, firefighters and fire departments have a tool to measure specific levels of skills, abilities and knowledge. The DFPES and the WFCC believe by participating in this certification program Wyoming firefighters and fire departments will be better prepared to provide quality life safety and fire protection for their communities.

CERTIFICATION REQUIREMENTS

Entrance Requirements

In order to certify within the Wyoming Firefighter II program, departments/firefighters must fulfill the following requirements:

1. Complete fire department entrance requirements.
2. Set up and maintain department records.
3. Train on the required written and practical objective.
4. Pass a department "In-House" comprehensive examination.
5. Meet any other training requirements/prerequisites as defined by the DFPES.
6. Pass written and practical skills examinations administered by the DFPES.
7. Request Firefighter II certification.

The DFPES acknowledges the importance of and need for entrance requirements as listed in the NFPA 1001, *Standard on Fire Fighter Professional Qualifications*. Many agencies and departments have existing policies, regulations, etc. already in place regarding these requirements. The handling of entrance requirements is a **LOCAL MATTER**, outside the authority and jurisdiction of the DFPES. The DFPES will not check, test, evaluate or determine how individual agencies meet these requirements. Some departments have found it necessary to waive any type of entrance requirements due to their own special needs. As a local decision, this is permitted. However, due to the amount of physical, mental and emotional stress inherent in this profession, **the DFPES strongly recommends careful evaluation before altering or doing away with any existing entrance requirements.**

Physical Fitness Requirements

The requirements listed in NFPA 1001, Chapter 4 are:

1. Meet the minimum educational requirements established by the authority having jurisdiction.
2. Meet the medical requirements of NFPA 1582, *Comprehensive Occupational Medical Program for Fire Departments*.
3. Physical fitness requirements for entry-level personnel shall be developed and validated by the authority having jurisdiction. Physical fitness requirements shall be in compliance with applicable Equal Employment Opportunity regulations and other legal requirements.

DEPARTMENT TRAINING

The position of a Firefighter II is one which requires a high level of skill and knowledge. The training given to and received by firefighter participants should be of the highest quality and degree. All training received must meet the requirements of NFPA 1001, Chapter 6 and the skills as approved by the DFPES contained within the Wyoming Standard. All training received must be documented and recorded on an In-House Training Record (Appendix A). All testing for Firefighter II will be conducted following the policies and procedures of the DFPES.

Training for Firefighter II is conducted at the department level or could be received through a joint training agreement between departments on a regional level. Regardless of where the training is received, it must prepare the candidate to be a competent and effective firefighter.

Firefighters at all levels of progression shall remain current with fire protection technology, fire suppression practices, and applicable standards by attending workshops and seminars, undergoing certifications testing and accessing professional publications. Continuing education or training is necessary to ensure that firefighters remain current and update their knowledge and skills in the evolving field of firefighting. Nationally recognized certification is one means of demonstrating proficiency in current practices. (NFPA 1001, 2008 Edition, 1.3.8)

The course material should be referenced to the following textbook to prepare the candidate to successfully pass the state certification examination.

Written Objectives

The written objectives for Firefighter II are covered in the following text:

1. International Fire Service Training Association (IFSTA), *Essentials of Fire Fighting*, 5th Edition.
2. Delmar, *Firefighter's Handbook: Essentials of Firefighting and Emergency Response*, 3rd Edition.
3. Jones and Bartlett, *Fundamentals of Firefighting Skills*, 1st Edition, 2nd Printing.

These textbooks are available from various fire service bookstores. A current list of textbook sources is available by calling the DFPES at (307) 777-7288.

There are numerous methods departments have used to help prepare their personnel for the written examination. Considering the high level of skill and knowledge required for Firefighter II, the DFPES recommends the candidate participates in a comprehensive class and receive instruction on both manipulative and written requirements.

Manipulative Objectives

Each participant **must** be trained and evaluated in the performance of **all** manipulative skill objectives. Each of the manipulative skill objectives shall be completed swiftly, safely and with competence as defined below:

- **Swiftly** – Each manipulative skill objective must be completed within the allotted time.
- **Safely** – Each manipulative skill objective must be completed safely. Actions that could injure individual or damage equipment are unacceptable. Equipment should be checked prior to skill testing or training to see that it is safe and functional.
- **Competence** – Each manipulative skill objective is performed in accordance with the Wyoming Standard. This includes performing the proper steps in sequence. Competence will be measured in accordance with the DFPES manipulative skill objectives.

Department Training Officers

For departments to enroll in their certification process, it is necessary for the departments to assign training officers. It is recommended departments assign **at least two** personnel as training officers to coordinate and provide certification training.

Department training officers shall be state certified at the level they are teaching. In addition, the DFPES strongly recommends training officers be state certified at the Instructor I level.

Department training officers will be responsible for certification training. Their primary responsibility will be to teach, evaluate, and in-house test department personnel on the manipulative skill and evolution requirements for each level of certification training. Departments who do not have certified personnel to act as training officers for certification training should contact the DFPES-Certification Coordinator at (307) 777-7288 for assistance in setting up and monitoring certification training

Department Training Records

Each participant shall have a training record on file with the department, which indicates whether he/she has trained on all manipulative skill objectives. This record shall be signed off or initialed by a department training officer. Training records must indicate the date, instructor, and total number of hours trained for each manipulative skill objective. Departments may set up their own training records or use the one provided in Appendix A.

Department "In-House" Comprehensive Examination

At the completion of the department's manipulative skills training, the department is required to hold an "In-House" comprehensive examination for the level being trained. This is a comprehensive "In-House" skill test conducted by the department training officers. This test is to ensure that skill mastery has been obtained from the beginning to the end of the training process, and to prepare participants for the state examination. Training officers may utilize other personnel to assist in administering the exam; however, all personnel assisting with the testing should be certified at the level they are in-house testing.

Tester instructions for the examination are in Appendix C. In-House testers shall follow the Tester Instruction sheet to provide for uniformity and fairness during the exam. It is recommended participants be given two attempts at any skill. **If they fail on the second try, then they have failed the evaluation and are required to go through additional training by the department trainer.** No training, teaching, or coaching is allowed during the test. After the evaluation, using the test to teach and train is recommended.

If manipulative skill weaknesses are evident, the department shall conduct additional training and hold a new department "In-House" comprehensive examination. Only those participants who successfully pass the department's skills "In House" test will be allowed to participate in the state certification examination. Department training records must show all participants have successfully passed the "In-House" examination.

CERTIFICATION EXAMINATIONS

After completion of the training process, the Fire Chief/Head of Department can request testing for the department. Using the "Request For Examination" form in Appendix D. Fire Chief/Head of Department may request a written examination and manipulative test for certification. A testing fee *may* be charged at the time of certification. A separate application must be sent to the DFPES for each attempt. Request forms must reach the DFPES no later than **30 days prior** to the examination date. The entire examination process must be completed within **2 years** of the **first** written exam date.

Written Examinations

The written examination is a randomly generated **100-question** test covering the written objectives of the Firefighter II standard. A minimum score of 80% is required to pass the certification examination. Firefighters failing the first attempt of the written exam will be permitted to retest no sooner than **30 days** from the date of the last exam.

SAMPLE WRITTEN EXAMINATION QUESTIONS:

The safest recommended means for a firefighter to disconnect electrical service to a building is by:

- a. cutting the service entrance wire
- b. pulling the meter
- c. locating the nearest transformer and deactivating it
- d. shutting off the main power breaker/fuse in the panel box**

Valves for water systems are broadly divided into two types. They are:

- a. gate and indicating
- b. ball and check
- c. indicating and non-indicating**
- d. screw and yoke

Manipulative Skills "Spot Check" Examination

This is a two-step examination. The first step is a department records check and the second step is a manipulative skill "spot check" examination. A Certification Tester appointed by the DFPES conducts the examination.

Training records are checked. If records are inadequate, corrective action must be taken before proceeding to the next step. The records must meet minimum requirements and are checked for the following:

1. Firefighter has been trained in each manipulative skill and fire ground evolution for the level being evaluated.
2. A department training officer has signed off each manipulative skill and fire ground evolution.
3. The total number of hours trained on each manipulative skill and fire ground evolution is listed.
4. Each firefighter has passed a department "In-House" comprehensive examination.

The manipulative skills "spot check" examination is graded on a 100% pass/fail basis. The test is graded in the following three areas:

- **Swiftly** – Each manipulative skill objective must be completed within the allotted time.
- **Safely** – Each manipulative skill objective must be completed safely. Actions that could injure an individual or damage equipment are unacceptable. Equipment should be checked prior to skill testing or training to see that it is safe and functional.
- **Competence** – Each manipulative skill objective is performed in accordance with the Wyoming standard. This includes performing the proper steps in sequence. Competence will be measured in accordance with the DFPES manipulative skill objectives.

Candidates are "spot checked" **THREE (3) manipulative skills**. No prior notification of the skills being tested will be given. **No training, teaching, or coaching is allowed during this state test.**

Participants are given two attempts if necessary to perform each skill. If they fail on the second try, then they have failed the examination. Applicants must wait 30 days before the third and final attempt. Candidates taking third attempts will test on the skill(s) they have failed in the previous two attempts.

Candidates who fail either the individual skills part of the manipulative examination must wait 30 days before the third and final attempt. Candidates taking third attempts will test on the evolution or the skill they failed plus ONE additional skill from the section of the standard they failed in the previous two attempts.

Candidates who have failed the third attempt of the manipulative skills examination have failed the certification process and must wait **one year** from the date of the failed third attempt to re-enter state testing.

FIREFIGHTER II CERTIFICATION

When all requirements for certification have been met, firefighters are eligible to be certified. The Fire Chief/ Head of the Department may apply to DFPES for certification for those firefighters who have successfully completed the certification training/testing process. Request for state certification will be submitted to the DFPES using the "Request for Certification" form provided in Appendix C. The names are then checked against the official state records to ensure each individual listed has met all requirements.

Those candidates who have met the requirements are issued a certificate and patch. These are sent to the Fire Chief/Head of the Department for disbursement.

Prerequisites for Firefighter II Certification

Prior to certification at the Firefighter II level, firefighters must be state certified through the DFPES at the Firefighter I level, Hazardous Materials First Responder-**Awareness** level and Hazardous Materials First Responder-**Operations** level.

For more information on Wyoming Firefighter II certification contact the:

DFPES Certification Coordinator
Herschler Building 1 West
122 W. 25th Street
Cheyenne, WY 82002
307-777-7288
<http://wyofire.state.wy.us>

FIREFIGHTER II CERTIFICATION CHECKLIST

ENTRANCE REQUIREMENTS:

- Each candidate has met requirements listed in NFPA 1001, Chapter 4 or those established by the authority having jurisdiction.

DEPARTMENT TRAINING RECORDS:

- Each participant has a training record on file with the department that shows:
 1. A learning experience in each manipulative skill objective.
 2. Dates of training.
 3. Initials of instructors.
 4. Total number of hours trained in each manipulative skill objective.

DEPARTMENT "IN-HOUSE" MANIPULATIVE SKILLS EXAMINATION:

- Each participant has successfully completed an "In-House" manipulative skills examination.

ADDITIONAL TRAINING/PREREQUISITE REQUIREMENTS:

- Each participant is certified at the Firefighter I and Hazardous Materials Awareness and Operations level.
- Complete ICS-100: Introduction to ICS.
- Complete ICS-200 Basic ICS.
- Complete IS-700: NIMS, An Introduction.
- A copy of your ICS course completion certificates must accompany your request for certification.

CERTIFICATION EXAMINATIONS:

- Each participant has passed the DFPES written examination.
- Each participant has passed the DFPES manipulative skill "Spot Check" examination administered by an approved Certification Tester, or passed the "In-House Testing".

FIREFIGHTER II – CERTIFICATION:

- Department request certification for participants using the "Request for Certification".
- NOTE: The original "Training Record" of the individuals must be sent with this form - if the "Training Record" has not been presented to the DFPES during a "SPOT Check Skills" testing event. Please keep a copy of the "Training Record" for your files.

FIREFIGHTER II MANIPULATIVE SKILL OBJECTIVES**GENERAL**

The Courage to be Safe Drills can be found online at <http://wyofire.state.wy.us>

NFPA 1001, 6.2.2, Courage to be Safe Drill, 1, 4, 8, 10, 11, 12, 13

Skill 1: Demonstrate procedures for assuming and transferring command at an emergency scene, utilizing the Incident Command System.

CONDITION: Incident scenario.

TIME: 2:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Report arrival at emergency scene.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Give a brief size up:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Confirm address upon arrival.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Building and occupancy description.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nature and extent of situation, identify special conditions or hazards.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Operational mode selected (Offensive, Defensive, Transitional or Investigation).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Assignments to other responding units.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Establish and name command.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Request additional resources if needed.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Transfer command (utilizing department guidelines).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

FIRE DEPARTMENT COMMUNICATIONS

NFPA 1001, 6.2.1, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 2: Wyoming Fire Incident Reporting Manual
Complete a basic fire report by completing a Wyoming Fire Incident Reporting System (WFIRS). You have been supplied with a National Fire Incident Reporting System Quick Reference Guide, WFIRS Report form and an Incident Scenario.

CONDITION: WFIRS "Incident Report" form, and a fire scenario provided in Appendix B.

TIME: 15:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Complete all required fields.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Check spelling.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Legibility.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Other pertinent information is recorded in narrative. (Note: Narrative must be completed).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

FIRE GROUND OPERATIONS

NFPA 1001, 6.3.1, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 3: Demonstrate the correct procedures for extinguishment of an exterior combustible liquids fire with a foam fire stream.

CONDITION: Given a scenario, wearing full protective clothing, SCBA, 1 ½” or larger hose, foam concentrate, foam system/equipment, foam nozzle, and a **2-member firefighter team** (4-member engine company: Officer and Engineer are fulfilling their roles.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Assemble foam application system.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Select correct concentration for required application.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Approach spill as part of coordinated team.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Demonstrate proper application techniques.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Retreat from spill maintaining team integrity.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.3.2, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 4: **Coordinate an interior attack line for team's accomplishment of an assignment in a structure fire.**

CONDITION: Given a fire ground scenario, as a team leader and a 2-firefighter team, (for example: attic fire, grade level, upper level, or basement level fire), wearing full P.P.E. & SCBA, 150 feet of charged 1 ½" or larger attack line, and forcible entry tools.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Determine location of fire, (attack fire, grade level, upper level, or basement level fire).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Select correct hose lines and nozzles.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Communicate attack method to team members as given by IC.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Communicate interior fire conditions to team and IC.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Communicate rescue and ventilation needs with Incident Commander.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Advance to seat of fire and extinguish.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Team integrity is maintained (sight, voice, or physical contact).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.3.3, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 5: **Demonstrate the correct procedures for control of a fire involving a flammable gas cylinder:**

A. Use of an unmanned Master stream (500 gpm or greater).

CONDITION: Given a scenario, wearing full protective clothing, water supply, master stream appliance, 100 feet 2-2 ½” hose or larger, and a 2-firefighter team.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Escape routes or safe havens are identified.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Set up appliance.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Connect hose line from apparatus to appliance.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Signal for water.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Exercise safety as hose lines charge.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Adjust stream of appliance to cool vapor space.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

B. Fire Attack

CONDITION: Given a scenario, cylinder outside of a structure, a 7-firefighter team, wearing P.P.E. and SCBA, 2-1 ½" or larger hoses, and combination nozzles.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Escape routes or safe havens are identified.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Contents are identified.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Cool the vapor space of the cylinder.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Coordinated advance to cylinder.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Adjust nozzle patterns during advance for crew protection.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Try not to extinguish flame.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Close valve.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Coordinated retreat from cylinder.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Adjust nozzle patterns during retreat for cooling vapor space.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.3.4, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 6: Protect evidence of fire cause and origin so that the evidence is properly protected from further disturbance.

CONDITION: Given a scenario, wearing full protective clothing, flashlight, overhaul tools, hose line or water extinguisher.

TIME: 5:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Identify the fire origin area.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Identify possible causes for fire ignition.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Identify types of evidence.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Preserve any evidence found by leaving where found.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Establish barriers to protect the scene and evidence as found.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Notify command or fire investigator of findings.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

RESCUE OPERATIONS

SAFETY NOTE: While conducting rescue operations around vehicles, safety should be exercised with regards to automobile SRS systems, fuel lines, AC lines, electrical lines, and other vehicle design hazards

NFPA 1001, 6.4.1, 6.4.2, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 7: Demonstrate the following evolutions, which may be required to extricate an entrapped victim of a motor vehicle accident by displacing or removing:

A. Vehicle windshield.

CONDITION: Given a scenario, wearing full P.P.E., including eye protection (per NFPA 1500 Helmet face visor is not considered appropriate eye protection), vehicle, cribbing, extrication equipment used by the department, and a 2-firefighter team.

TIME: 5:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Crib vehicle for safety.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Disconnect the vehicle battery (s) as applicable.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Enforce department policy on airbags. Indicate presence of airbags and appropriate control measures.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Maintain victim safety during windshield removal.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Remove windshield completely.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

B. Vehicle roof.

CONDITION: Given a scenario, wearing full P.P.E., including eye protection (per NFPA 1500 Helmet face visor is not considered appropriate eye protection), vehicle, cribbing, extrication equipment used by the department, and a 4-firefighter team.

TIME: 5:00 minutes (using powered equipment)
10:00 minutes (using hand tools)

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Crib vehicle for safety.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Check for side restraint safety system.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Maintain victim safety during roof removal.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Cut front vehicle roof posts and fold roof back or remove roof entirely.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

C. Vehicle door.

CONDITION: Given a scenario, wearing full P.P.E., including eye protection (per NFPA 1500 Helmet face visor is not considered appropriate eye protection), vehicle, cribbing, extrication equipment used by the department, and a 2-firefighter team.

TIME: 10:00 minutes (using powered equipment)
15:00 minutes (using hand tools)

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Crib vehicle for safety.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Disconnect the vehicle battery.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Use airbag restraint device as applicable.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Maintain victim safety during door removal.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Remove door.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

D. Displace dashboard.

CONDITION: Given a scenario, wearing full P.P.E., including eye protection (per NFPA 1500 Helmet face visor is not considered appropriate eye protection), vehicle, cribbing, extrication equipment used by the department, and a 2-firefighter team.

TIME: 10:00 minutes (using powered equipment)
20:00 minutes (using hand tools)

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Crib vehicle for safety.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Maintain victim safety during dashboard displacement.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Displace the dashboard.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

PREVENTION, PREPAREDNESS & MAINTENANCE

NFPA 1001, 6.5.1, Courage to be Safe Drill, 1, 4, 5, 8, 9, 10, 11, 12, 13

Skill 8: Demonstrate inspection procedures for a private dwelling. (It is suggested firefighters inspect their homes to complete this skill).

CONDITION: Wearing department uniform, clipboard, flashlight, checklist, and fire prevention materials.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Greet occupant at door and explain purpose of visit and inspection procedure.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Explain the purpose is to educate not to enforce.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Inspect basement, attic, utility room, storage room, kitchen, and garage.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Inspect other rooms at request of owner.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Identify special hazards: heating appliances, smoking Materials, electrical outlets, storage of flammable liquids and combustible materials.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Placement of smoke detectors.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Home Escape Plan.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Discuss with occupant what was found and suggestions for correction.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Thank occupant and leave literature.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Document inspection and place a copy in participants training record.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.5.2, Courage to be Safe Drill, 1, 4, 5, 8, 9, 10, 11, 12, 13

Skill 9: Present a prepared program to an audience on one of the following topics:

1. Stop, drop, and roll;
2. Crawl low in smoke;
3. Escape planning;
4. Alerting others;
5. Calling the fire department;
6. Fire station tour;
7. Residential smoke detector placement and maintenance; and
8. Other public fire education programs.

CONDITION: Wearing department uniform, audience and fire prevention materials.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Greet class and introduce yourself.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Introduce the topic.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Present topic.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Review major points.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Answer questions.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Hand out reading materials as necessary.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Document the following SOP:		
Name of program	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Name of presenter	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Date of program	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Location	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Number in attendance	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Subject presented	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Evaluation and comments	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.5.3, Courage to be Safe Drill, 1, 4, 5, 8, 9, 10, 11, 12, 13
Skill 10: Prepare a pre-incident survey.

CONDITION: Given an assignment, clipboard, form, graph paper and pencils.

TIME: 30:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Draw a plot plan.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Draw a floor plan.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Identify utility controls.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Identify means of egress.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Identify occupant information.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Identify occupancy or special hazards.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Identify suppression systems and controls.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Use standard mapping symbols and abbreviations.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.5.4, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13

Skill 11: Demonstrate the service and maintenance of portable power plants and lighting equipment.

CONDITION: Wearing fire helmet, eye protection, water resistant safety shoes/boots, work gloves, given a gasoline-powered generator, electrical power cords, and portable lighting.

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Check oil and gasoline for “full” level.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Check air cleaner element for debris.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Check spark plug and spark plug wire for deterioration and proper connection.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Check unit for loose bolts or screws.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Check electrical cords to ensure insulation is not damaged.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. <u>Check portable lights for damage.</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. <u>Start unit and test operation of lighting equipment.</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

NFPA 1001, 6.5.5, Courage to be Safe Drill, 1, 4, 8, 9, 10, 11, 12, 13**Skill 12: Demonstrate annual service test for fire hose.**

CONDITION: Wearing fire helmet, eye protection, water resistant safety shoes/boots, work gloves, a 3-firefighter team, 150 ft. of 1 ½” or larger hose, hose testing machine or fire department pumper, gate valve, nozzle, marking pen, timer and hose records.

SAFETY: **PRESSURIZED HOSE IS POTENTIALLY DANGEROUS. DO NOT STAND OR WALK NEAR PRESSURIZED HOSE DURING TEST.**

TIME: 10:00 minutes

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Connect hose sections together (check gaskets before connecting).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Tighten connections between sections with spanner.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Connect test length to test valve (gate valve with ¼” hole Drilled into center of gate).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Attach nozzle to open end of the hose line.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Fill hose with a pump pressure of 50 psi or to hydrant pressure.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Open nozzle and discharge all air from hose line.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Close nozzle.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Check hose for kinks and twists or leaking connections.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Mark hose jackets against each coupling.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Close test gate valve.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Increase pump pressure to the required test pressure (250-psi). Maintain test pressure for 5 minutes.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Slowly reduce pump pressure.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Close discharge valves and open nozzle to drain pressure from hose line.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14. Check marks placed on the hose at the couplings.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15. Record the test results for each section of hose.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A
TRAINING RECORDS

FIREFIGHTER II – TRAINING RECORD / IN-HOUSE COMPREHENSIVE EXAM (2008 Edition)
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NAME: _____ **SSN:** - - - **DEPARTMENT:** _____

SECTION	TRAINING RECORD			IN-HOUSE COMP. EXAM			MANIPULATIVE SKILL - DEMONSTRATE
	DATE	INST	HRS	DATE	INST	P/F	
General							1. Demonstrate procedures for assuming and transferring command at an emergency scene using the ICS system.
Communications							2. Complete an “Incident Report”.
Fire Ground Operations							3. Demonstrate procedures ext. combustible liquids fire.
							4. Coordinate an interior attack during a structure fire.
							5A. Control fire involving gas cylinder-with Mater stream.
							5B. Control fire involving gas cylinder-Fire Attack.
Rescue Operations							6. Protect evidence of fire cause and origin.
							7A. Demonstrate evolution of displacing a “Vehicle Windshield”.
							7B. Demonstrate the evolution of displacing a “Vehicle Roof”.
							7C. Demonstrate the evolution of displacing a “Vehicle Door”.
Prevention, Preparedness, Maintenance							7D. Demonstrate evolution of displacing a “Vehicle Dashboard”.
							8. Demonstrate inspection procedures for a private dwelling.
							9. Present a prepared program to an audience on one of the following topics:
							10. Prepare a pre-incident survey.
							11. Demonstrate the service and maintenance of portable power plants and lighting equipment.
							12. Demonstrate annual service test for fire hose.

APPENDIX B
WYOMING FIRE INCIDENT
REPORTING SYSTEM

Name: _____

A FDID <input type="text"/> State <input type="text"/> Incident Date <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS - 1 Basic
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.			
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions			
Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Cross street or directions, as applicable <input type="text"/>			
C Incident Type <input type="text"/>		E1 Dates & Times	
Incident Type <input type="text"/>		Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/>	
D Aid Given or Received		Check boxes if dates are the same as Alarm Date.	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recy. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None		Alarm <input type="text"/>	
Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		Arrival <input type="text"/>	
		Controlled <input type="text"/>	
		Last Unit Cleared <input type="text"/>	
F Actions Taken		G1 Resources	
Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>		<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.	
		Apparatus <input type="text"/> Personnel <input type="text"/>	
		EMS <input type="text"/>	
		Other <input type="text"/>	
		<input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Values		Losses: Required for all fires if known. Optional for non fires. None	
		Property \$ <input type="text"/>	
		Contents \$ <input type="text"/>	
		PRE-INCIDENT VALUE: Optional	
		Property \$ <input type="text"/>	
		Contents \$ <input type="text"/>	
Completed Modules		H1 Casualties	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		<input type="checkbox"/> None	
		Deaths <input type="text"/> Injuries <input type="text"/>	
		Fire Service <input type="text"/>	
		Civilian <input type="text"/>	
		H2 Detector	
		Required for confined fires.	
		1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
		H3 Hazardous Materials Release	
		N <input type="checkbox"/> None	
		1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	
Mixed Use Property			
		NN <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use Structures			
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales	
124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	
		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse	
		981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard	
Look up and enter a Property Use code only if you have NOT checked a Property Use box:			
Property Use <input type="text"/>			

K1 Person/Entity involved

Local Option Business name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____ - _____

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____ - _____

L Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge.

Officer in charge ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Incident Report Scenario

Scenario

Food on stove

On Saturday May 23, 2005 at 1513 hours a call is received for a fire at 112 Main Street, Mill City, WI 12345. Engines 23, Engine 12, and Ladder 2 respond. They arrive at 1518 to find smoke coming from the kitchen area as a result of unattended cooking. The incident is confined to the pot on the stove.

E23 removes the pot from the stove with Ladder 2 establishing ventilation. The fire did not extend beyond the pot. Damage is confined to the pot, the food, with minimal smoke damage in the kitchen area. The homeowner, Ms. Sally Jones, reports she was notified of the fire by the smoke detector.

The value of the property is set at \$185,000 and contents at \$47,000. There is no loss as a result of the fire.

The incident was controlled at 1530 and the units cleared at 1620. There was no mutual aid received nor were there any injuries. The incident number assigned 9700181. There were no exposures.

The shift on duty was C platoon with a one alarm assignment. The District was #112.

The Mill City FDID # is 62346.

APPENDIX C
IN HOUSE PROCTOR INSTRUCTIONS
AND REQUEST FOR CERTIFICATIONS
FORMS

Tester Instructions for “In-House” Comprehensive Examination

As the training officers for your department you are authorized by DFPEs to conduct the 100% skills test for this level of certification. You must be certified to the level you are testing, i.e., if you’re FF2 you can test FF1 and FF2, Awareness and HM Operations.

***PRIOR TO CONDUCTING TEST, REVIEW TRAINING RECORDS**

It is important that before doing this “In-House” exam that the candidate has completed training in all areas for the level being tested.

***SAFETY OFFICER SELECTED AND BRIEFED**

Select a Safety Officer to assist you during the test. This person, if possible, should not be taking the same test that is being given. The Safety Officer will not assist with the testing process. The Safety Officer is there to protect the CANDIDATES from injury during the testing process.

The Safety Officer shall be in a position to observe all students and ensure their safety at all times during the testing procedure.

By using the following instructions you will be able to evaluate the skill being tested and determine the candidate’s readiness for the State “Spot Check” exam.

1. Keep in mind this is a **test** and there should be **no coaching or training** during the testing process. If a candidate fails to perform a skill, it will count as a first attempt failure and they will be given a second attempt. If they fail a second time they need to be retrained on that skill and tested again. Only **qualified** candidates that have passed with **100%** should be allowed to take the State SPOT CHECK exam.
2. Before beginning the testing process meet with all candidates and review the testing process. Explain that this is a **test** and that the same process being used for the “In-House” will be used during the state exam.
3. Designate a secure location for the candidates to remain in while the “In-House” exam is conducted. This location should be away from the area where the exam is being conducted.
4. If possible, separate your testing stations so candidates cannot observe each other during the test.
5. To evaluate a candidate’s performance, use the following as a guide.
 - a. the skill is completed in the allotted time,
 - b. competence is shown by completing all performance criteria,
 - c. safety is shown while completing the skill.
6. At each test station the tester will read the **SKILL** to be demonstrated, the **CONDITIONS** to be met and the **TIME** limit to complete each skill. This information is contained in the skill section of each standards packet. Do this with each student as they come to each testing station. Ask for any questions. As each skill is tested and completed sign it off in the section provided on the candidates training record. By conducting the “In-House” test in this manner, you will prepare your candidates to successfully pass the state “spot check” exam. This will also assure training records are current and that only those who are truly prepared take the state certification examination.

Wyoming Department of Fire Prevention & Electrical Safety

EXAMINATION REQUEST / CERTIFICATION REQUEST FORM

Please complete all information on BOTH sides of this form and return to the DFPES at least **30 days prior** to the requested examination date. A separate request **MUST** be made for each level of certification exam desired and for each exam date. Phone Number: 307-777-7288. FAX: 307-777-7119

Department Information

Department Name: _____

Examination Request for Written / Skills – Circle the appropriate level
--

WRITTEN Examination: Firefighter I Firefighter II HMA HMO ADO –Aerial ADO -Pumper

MANIPULATIVE Examination: Firefighter I Firefighter II HMO ADO –Aerial ADO - Pumper

Requested Date and Time: _____

Number taking Written Examination: _____ Number taking Manipulative exam: _____

Examination Location: _____

Street Address: _____ City/State: _____ Zip: _____

By your signature below we acknowledge that training records exist to support that each individual who will attend the exam has received a learning experience in each subject area required for testing and has met all other requirements for the level being examined for as specified in the Certification Policy and Procedures. Department requesting the above exam, will have appropriate space and safe accommodations and equipment for all written and manipulative skills.

Fire Chief/Head of Department (Signature)

Training Officer (Signature)

Fire Chief/Head of Department (typed/printed)

Training Officer (type/printed)

Department Mailing Address

Daytime Phone Number

Second contact number

Certification Request

The following department or agency requests that the Department of Fire Prevention & Electrical Safety certify the individuals listed on reverse side of this form. **NOTE: The original "Training Record" of the individuals must be sent with this form - if the "Training Record" has not been presented to the DFPES during a "Spot Check Skills" testing event. Please keep a copy of the "Training Record" for your files.**

Department Name _____

By my signature below, I attest that the individuals listed on the reverse side of this form have completed all requirements for certification as defined in the Wyoming Firefighters Policy and Procedures Manual.

Fire Chief/Head of Department (Signature)

Fire Chief/Head of Department (typed/Printed)

Department Mailing Address

Daytime Phone Number

Second contact number

Department Name: _____ Date: _____

Type or print names and SSN of participants who will be taking the examination.

APPLICANT NAME	SSN	LEVEL REQUESTED
1. _____	____-____-____	_____
2. _____	____-____-____	_____
3. _____	____-____-____	_____
4. _____	____-____-____	_____
5. _____	____-____-____	_____
6. _____	____-____-____	_____
7. _____	____-____-____	_____
8. _____	____-____-____	_____
9. _____	____-____-____	_____
10. _____	____-____-____	_____
11. _____	____-____-____	_____
12. _____	____-____-____	_____
13. _____	____-____-____	_____
14. _____	____-____-____	_____
15. _____	____-____-____	_____
16. _____	____-____-____	_____
17. _____	____-____-____	_____
18. _____	____-____-____	_____
19. _____	____-____-____	_____
20. _____	____-____-____	_____
21. _____	____-____-____	_____
22. _____	____-____-____	_____
23. _____	____-____-____	_____
24. _____	____-____-____	_____

Send Request form to:
 Department of Fire Prevention And Electrical Safety
 122 W. 25th Street, Herschler 1 West,
 Cheyenne, WY 82002
 Attention: Certification Coordinator