

Polson City/Rural FIRE DEPARTMENT Operating Guidelines

Issued By: Chief John Ed Fairchild
June 29, 2008

100.05 Firefighter Job Description

Page 01 of 03 (With Attachments 1-3)

Objective:

To provide a fair, equitable and objective description of volunteer Firefighter job requirement. After filling out a application and getting a fire fighter physical the fire fighter will advised of their duties as prescribed here in. These are to compliment the duties of the various personnel as is set forth by the Volunteer Fire Department By-Laws and said duties and responsibilities are to be all inclusive.

- Application: Attachment #1 (10 pages)
- Fire Fighter Physical: Attachment #2 (4 pages)
- Fire Fighter Task Book: Attachment #3 (7 pages)

Job Summary:

Under the general supervision of a Fire Officer, a firefighter may be required to efficiently perform, at some bodily risk, duties involving the protection of life and property from emergencies. Generally assigned the firefighter may be required to conduct pre-fire planning surveys and present findings; maintain the fire station, fire apparatus and fire protection systems; act as fire apparatus operator, perform independent operations when situations dictate; and perform other duties as directed.

Distinguishing Features of the Firefighter:

A firefighter is responsible for the efficient, accurate and rapid completion of all tasks assigned by Officer/Incident Commander and may perform duties on fire ground activities. Firefighters work closely with other personnel in the normal performance of duties, although frequent decisions and actions affecting life and property may be required. These duties require knowledge and understanding of fire suppression, fire prevention principles, practices and methods used in the operation of a modern fire department. A firefighter may be expected to direct and assist small personnel units at selected times during emergencies and may assume other duties as situations dictate.

A firefighter in the Polson City/Rural Volunteer Fire Department must be at least 18 years of age and must be of good, respectable character. A firefighter shall be required to have a High School Diploma or Equivalent or such experience and education as shall be deemed, on a case by case basis by the administration, to be acceptable. He/she is required to be in good physical condition and be able to withstand the rigors of firefighting. A physical exam will be required and paid by the fire department.

A firefighter is considered probationary until he/she has satisfactorily completed the probationary period and the Task Book assigned. Probationary status will be no less than six (6) months and no longer than one (1) year. A probationary firefighter, upon completing all requirements for firefighter status along with the Task book, shall be approved by the administration.

The Fire Chief and Administration encourage formal firefighter education at various levels of expertise and in all areas of interest. It is required that all firefighters maintain CPR Certification and minimum training requirements as their position within the department demands. The minimum of training is 45 hours. (30 hours are required for the retirement system.)

All must live within the specified geographic location relative to their station assignment and obey all traffic safety laws of the State of Montana.

Representative Duties:

1. Responds to fire, aircraft standby and/or fire, and other emergency alarms and assists in all operations necessary to insure the confinement and extinguishments of fires or the elimination of other hazardous conditions.
2. Assists in evacuation of endangered person from hazardous locations.
3. Connects and lays hose lines.
4. Operates hose nozzles and other fire extinguishing appliances in an efficient manner to reduce destruction.
5. Raises, lowers and climbs ladders.
6. Uses hand and power tools.
7. Makes forcible entry into buildings and other properties.
8. Opens up walls and other structures
9. Enters burning buildings and other locations.
10. Protects property through salvage and clean-up operations by using salvage covers, brooms, mops, shovels, and similar equipment.
11. Operate rescue equipment and perform CPR.
12. Assist officers and incident commander at the scene of an emergency incident or other details to deliver messages, receive reports and transmit objectives.
13. Assist in getting equipment and apparatus prepared for use after emergencies and at other required checks.
14. Assist as needed in investigations of fires to determine their origin.
15. Assist in fire prevention inspections to insure compliance of applicable codes.
16. May provide court testimony in regards to code violations.
17. Conducts fire and injury prevention programs to the community.
18. Serve special duty at public gatherings and other occasions.
19. Gives information and assists visitors at the fire station or other event.
20. Attends instruction classes, training sessions and drills.
21. Studies technical periodicals and publications.
22. Studies conditions and factors affecting all areas of operations of the department.

23. Assist in maintaining fire apparatus, equipment, stations, and grounds.
24. Perform routine housekeeping duties.
25. Washes, polishes, services and repairs equipment.
26. Maintains all equipment provided by the fire department.
27. Provide wildfire suppression.
28. Under direction, performs administrative duties such as research, report writing, record keeping, and other duties as may be assigned.
29. Performs any other duties that may be asked, of him/her, by a Chief Officer, Line Officer or Incident Commander

Organizational Statement:

Our organization shall be a good and safe Place to work:

- To demand the best of ourselves and to attract, stimulate and keep the best people, we believe we must make an environment that will support innovations, experimentation and the taking of appropriate risks.
- As an organization, we should encourage creative participation of each person who works here.
- We should welcome the open exchange of ideas and foster the practice of careful listening.
- We have the duty to encourage the personnel well-being and career development of every person, regardless of rank or position.

We should do our work safe with regard for one another:

- We recognize the individuality of everyone who works here and we should treat one another with respect, candor, kindness and a sense of the importance of teamwork.
- We should foster a spirit of service throughout the organization so that we may better serve the citizens of the Polson City/Rural Volunteer Fire Department's response area.

Application for Membership



Polson Volunteer Fire Department
 We Welcome You as a
 Volunteer Firefighter Applicant
 (PLEASE PRINT)

INDIVIDUAL DATA					
Name:	Last	First	Middle Initial	Social Security No.	Date of Application
Address		City		State	Zip Code
Home Phone:			Alternate Phone:		
Are there currently any criminal charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: (Arrest or conviction will not necessarily disqualify an applicant from employment unless the pending charge(s) or conviction(s) substantially relates to the circumstances of the particular job for which you are applying.)					
Have you resided in another State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when ___/___/___ to ___/___/___ and where;					
			City State		
EDUCATION					
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No Course of Study:					
High School	City/State		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	
College	City/State		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	
Bus. or Trade School	City/State		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	

EMPLOYMENT EXPERIENCE

Start with your present or last job, not to exceed the past seven years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ACCOUNT FOR ANY GAPS IN EMPLOYMENT

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Employer				Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip Code	Hourly Rate/Salary Start: _____ Final: _____	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other					
Employer				Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip Code	Hourly Rate/Salary Start: _____ Final: _____	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other					
Employer				Dates Employed From: ___/___/___ To: ___/___/___	
Address	City	State	Zip Code	Hourly Rate/Salary Start: _____ Final: _____	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Last Job Title:			Supervisor:		
Work Performed: List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
Reason for leaving : <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other					

NOTE TO APPLICANTS

Are you capable of performing in a reasonable manner the essential functions of the job, with or without a reasonable accommodation? Yes No

APPLICANT'S STATEMENT – ACKNOWLEDGEMENT - AGREEMENT

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading, false, incomplete, misrepresented statements will constitute sufficient cause for refusal.

I understand that neither the acceptance of this application nor the subsequent entry into any type of relationship with Polson Volunteer Fire Department creates an actual or implied contract of employment. I understand that, if I accept it will be on a volunteer basis. This means that either Polson Volunteer Fire Department or I have the right to terminate the relationship at any time, for any reason, with or without cause.

I authorize Polson Volunteer Fire Department to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed appointment. I release Polson Volunteer Fire Department and its employees from all liability arising from such investigation.

The City/ District has a stringent Drug and Alcohol policy that will be strictly adhered to. There are federal laws in place to protect the privacy of our customers and we must obey them. We will need to know if you have any past misdemeanors or felony charges or convictions. While this does not mean that *you will not be accepted we do need to know the circumstances and if they will have any negative impact on the fire department and its service to the district.*

My signature indicates that I have read, understand and agree to all of the above.

Signature of applicant _____

Date: ___/___/___

Volunteer Fire Co. Membership Committee Recommendation & Approval

Active Firefighter Yes No

Applicant's Name: _____

Date: ___/___/___

President's Signature: _____

POLSON VOLUNTEER FIRE DEPARTMENT FIRE CHIEF RECOMMENATION

Date: ___/___/___ Fire Chief's Signature: _____

RURAL FIRE DISTRICT BOARD: Advised Date: ___/___/___

City Commission: Advised Date: ___/___/___

Comments: _____

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Polson Volunteer Fire Department
&
Polson Rural Fire District

Overview

Polson Volunteer Fire Department:

- Provides fire protection, public education, fire prevention, code management to the citizens of Polson and the surrounding area.
- Operates out of one (1) fire station: Station One: Polson.
- Answers over 250 calls of assistance per year.
- To be a Polson Volunteer Firefighter you must:
 1. Be at least 18 years of age
 2. Live within 20 minutes of the City Limits for at least one (1) year or have previous firefighting experience for Station #1.
 3. Obtain at least 45 hours of training annually and other special training.
 4. Have a valid Montana drivers license
 5. Respond to at least 25% of all the calls for assistance.
 6. During the first 90 days you must make all the meetings unless prior arrangements have been approved.
 7. **You may not** miss more than 3 (three) in a row unexcused scheduled meetings.
 8. Approval subject to Chief, membership committee, & membership.

Polson Rural Fire District:

- The Polson Rural Fire District provides fire protection, fire prevention, and rescue operations to the residents of Turtle Lake, Valley View, south of Polson, Rocky Point, Jette Meadows, Jette Lake, west of Sunny Slope, Wilderness Valley, Big Arm, Irvine Flats, and everything in between; protecting approximately 200 square miles.
- Has 3 (three) rural fire companies: Polson Rural Fire Company, Big Arm Rural Fire Company, and Irvine Flats Rural Fire Company.
- Is equipped with two structure engines, three engine/tenders, two brush trucks and the use of a DNRC brush truck.
- Rural Fire District Board Meetings are held at 7:00 p.m. on the second Wednesday of every month. Location of the meeting is posted in local newspapers and fire department schedules.
- Please complete the application, which will be processed as soon as possible. If you have any questions or need further information please contact the Chairman of the Membership Committee, or appropriate Company Officer.
- **POLSON VOLUNTEER FIRE DEPARTMENT WILL NOT EXCEPT APPLICANTIONS DURING THE MONTHS OF JUNE/JULY/AUGUST DUE TO TRAINING REQUIREMENTS, UNLESS YOU HAVE TWO (2) YEARS DOCUMENTED SERVICE.**

Confidential EEO File Information

Affirmative Action / Equal Opportunity

The following information is not essential to be considered for your request as a volunteer firefighter. It is asked in order to monitor our Affirmative Action Program and to ensure equal opportunity for all. This portion will be separated from your application form and given to the EEO Officer. The information contained herein will not have discriminatory bearing upon your selection.

Ethnic Background:

- White
- African American
- Alaskan Native
- Asian American
- Native American
- Hispanic

Sex:

- Male
- Female

Date of Birth:

Where did you hear about becoming a firefighter for the Polson Volunteer Fire Department?

- Newspaper
- Friend
- Flyer
- Other _____

Date: _____

_____ is currently applying for a position as a firefighter with the Polson Volunteer Fire Department. The candidate has placed your name on the application as a reference. Enclosed is a copy of the "Authorization to Release Information" sheet. Please answer the questions below and return in the self-addressed stamped enveloped. I would ask that you return this information as soon as possible.

1. How long have known the candidate? _____
2. Do you feel that he/she is a self-starter (please give an example)?
3. How do you believe that the candidate interacts with others (give examples)?
4. In your own words please describe strong and weak points of the candidate as they relate to being a team player?

Thank you for your time in completing this reference check. If you have any questions please contact Chief John Fairchild at 406-883-8220.

Polson Volunteer Fire Department

Applicant Information Release

To: _____

Applicant's Full Name: _____

Position: _____

I am an applicant for a volunteer firefighter position with the Polson Volunteer Fire Department. In this connection, I hereby authorize any person, educational institution, previous employer, or reference I have listed in my resume, cover letter, and membership application to disclose in good faith any information they may have regarding my qualifications and fitness for membership with the Polson Volunteer Fire Department (PVFD). I furthermore authorize the PVFD to conduct a criminal and background check on myself due to the sensitive nature of the position for which I am applying. A photo static copy of the Authorization is considered to be a valid as the original.

If I have gone by any names other than that previously listed, I shall list all of them here:

1) _____ 2) _____

3) _____ 4) _____

Further, I will hold the PVFD, any former employers, educational institutions and my other persons/organizations participating in this background/reference check free of liability for the exchange of this information and any other reasonable and necessary informational incident to the application/employment process.

Applicants Birthday: _____

Applicants SSN: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Polson Volunteer Fire Department

MISSION STATEMENT

To promote a safe environment for all areas protected by the Polson Volunteer Fire Department. To respond to fire, medical and other emergencies and to provide non-emergency services for public benefit.

The Polson Volunteer Fire Department Will Have the Following Goals:

To reduce the frequency and severity of fire, injury and hazardous materials emergencies through prevention and education.

To minimize suffering, loss of life and property from fires, hazardous materials, medical and other emergencies through response programs.

To ensure preparedness through training and district wide community training and education.

To provide the resources and support necessary for the *Polson Volunteer Fire Department* to accomplish this mission.

This will be done through providing service to a great community!



Physical Examination Form

Today's Date: _____

Personal Information: (To be filled out by patient)

Name: (Last, First, Middle)	Social Security No:	Birthdate:	Sex:
Address:	City, State, Zip Code:		Phone:

Health History: (To be filled out by patient)

<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years?</p> <p><input type="checkbox"/> <input type="checkbox"/> Head/Brain injuries, disorders or illnesses?</p> <p><input type="checkbox"/> <input type="checkbox"/> Seizures, Epilepsy</p> <p><input type="checkbox"/></p> <p>Medication _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision(except corrective lenses)?</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack, other cardio vascular Condition? <input type="checkbox"/></p> <p>Medication _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart Surgery (valve replacement/bypass, angioplasty, Pacemaker)</p> <p><input type="checkbox"/> <input type="checkbox"/> High blood pressure?</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscular disease?</p> <p><input type="checkbox"/> <input type="checkbox"/> Shortness of breath?</p> <p><input type="checkbox"/> <input type="checkbox"/> Lung disease?</p> <p><input type="checkbox"/> <input type="checkbox"/> Kidney disease, Dialysis</p> <p><input type="checkbox"/> <input type="checkbox"/> Liver Disease?</p> <p><input type="checkbox"/> <input type="checkbox"/> Digestive Problems?</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by:</p> <p><input type="checkbox"/> Diet</p> <p><input type="checkbox"/> Pills</p> <p><input type="checkbox"/> Insulin</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g. severe depression. On any medication for this? _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness?</p> <p><input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, Daytime sleepiness, loud snoring?</p> <p><input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis?</p> <p><input type="checkbox"/> <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe?</p> <p><input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease?</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic low back pain?</p> <p><input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use?</p> <p><input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug abuse?</p> <p><input type="checkbox"/> <input type="checkbox"/> Tobacco use: Type: _____</p> <p><input type="checkbox"/> Past</p> <p><input type="checkbox"/> Present</p> <p><input type="checkbox"/> <input type="checkbox"/> History of body injury?</p> <p>Other health condition(s): _____</p> <p>_____</p> <p>_____</p>
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For any Yes answer, indicated onset date, diagnosis, treating physician's name and address and any current limitations. List all medications (including over the counter) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination.

Patient's Signature

Date: _____

Physical Examination:

Vital Signs and Measurements:

Weight:	Height:	Temperature:
Pulse:	Respiration:	B/P:

Hearing:

Hearing Aid Yes No	Hear Spoken voice at 20 ft.	Hear whisper at 15 ft.
Right Ear	Yes No	Yes No
Left Ear	Yes No	Yes No

Vision:

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye	20/	20/	Right Eye
Left Eye	20/	20/	Left Eye
Both Eyes	20/	20/	

Laboratory and other Findings:

Urine Specimen:	SP. GR.	Protein:	Blood:	Sugar:
Peak Flow:				
EKG if over 40 years of age:				

Examination:

Area	Normal(√)	Findings
General Appearance:		
Integumentary		
Heart		
Pulmonary		
Cardiovascular		
Abdomen		
Genitourinary		
Endocrine		
Musculoskeletal		
Neurological		

Comments: _____

Member Declination of Hepatitis B Vaccine:

Polson Fire Department
City and Rural
106 1st Street East
Polson, Montana 59860

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated, with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signed: _____

Printed Name: _____

Witness: _____

Printed Name: _____

Date: _____

Medical Certification:

On _____ 200 , I examined _____

Based on my evaluation I found:

No medical or physical conditions, which, in my opinion, would interfere with the performance of structural or wild land firefighter duties, including wearing a self-contained breathing apparatus or full-face air-purifying respirator. They are no contra-indications for driving or operating machinery.

A medical or physical condition which would, in my opinion, interfere, limit or restrict the full performance of firefighter duties.

This evolution is valid for:

- 1 year (40 years or older)*
- 2 years (30 years to 39 years old)*
- 3 years (under 30 years old)*

Physician's Signature: _____

Date: _____

Attachment #3

**POLSON City/Rural
FIRE DEPARTMENT
TASK BOOK
Initial Six-Month Probationary Period**

Mission Statement:

Serving the community by responding to preserve life and property.

This book is assigned to: _____

Date: _____

Polson City and Rural Volunteer Fire Department
106 1st Street East
Polson, Montana 59860

www.polsonfire.org
Email: polsonfd@centurytel.net
Office: 406-883-8220
Station 1: 406-883-8221
Station 2: 406-849 5666
Fax: 406-883-8238



The purpose of this task book is to help probationary members learn what is expected of them by the end of the first six months as a member of the Polson City and Rural Volunteer Fire Department. This book is NOT meant to be a test of skills, but to show, at the end of six months, that the probationary member has had the training and/or experience to complete the basic tasks required of a firefighter at an incident. This book is to be given to the membership committee at the end of the six month to aid in their evaluation of the probationary member, and then returned to the member.

Training will be provided by or made available by the Polson City and Rural Volunteer Fire Department in all tasks marked as required. Any task not so marked will be the responsibility of the trainee to obtain the necessary training.

Evaluations will be signed and dated by the training officer, any line officer or chief officer.

Evaluator will meet with trainee to determine that the objectives and goals of task are understood.

Explain the evaluation procedures to be used.

Accurately evaluate and record the performance of the task in the book for the trainee.

Review task with trainee.

Reviewed by:

Evaluator:		Date:
Print Name:		

1: Monthly Meeting attendance or excused (Missing meetings can result in loss of membership). Scheduled meetings are 2nd, 3rd, and 4th Tuesday of each month. There may be additional meetings scheduled in order to meet specific training objectives. **(Required)**

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
2 nd						
3 rd						
4 th						

Place the date and initials of the evaluator in the specific location. List the evaluator below.

Special Training (List the date and initial):

Reviewed by:

Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		
Evaluator:		Date:
Print Name:		

Comments:

2: Have read all of the operating guidelines and fully understand them. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

3: Completed the Basic Incident Management Course (I-100). **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

4: Understands the accountability system, uses the tags, and works within a team. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

5: Understands the use of turnout gear (PPE) and can fully dressed within one (1) minute having all equipment fastened and no skin exposed. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

6: Understands the use of SCBA, viewed the SCBA video, and dons the SCBA from a sitting and standing position within one (1) minute. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

7: SCBA Removal and installation of cylinder, check cylinder, clean, complete the SCBA checklists, and operates the SCBA air compressor. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

8: Knows and understands equipment location on engines and truck. **(Required)**

Item	Yes / No	Item	Yes / No
Pre-connect Hand lines		Ventilation Fan	
Ladders (Roof, Attic, Extension)		Hooligan Tool, Flathead and Pick head Axe	
Pike Poles (Length, Names: Sheet rock, roof, trash, etc.)		Spanner / Hydrant, Storz Wrenches	
Hose: 1.75", 2.5", 4"		Suction 6" and 2.5"	
Flashlights		Thermal Imaging Camera	
Portable Lighting and Attachments		Spare SCBA Cylinders	
Oil Absorbents		Saws (Chain, Reciprocating, and Circular)	
Extinguishers (Water & Dry Chemical)		Extrication Equipment: Hurst	

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

9: Radio usage knows radio procedures, call signs, use of clear text. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

10: Basic Knots. **(Required)**

Knot	Yes / No	Knot	Yes / No
Clove Hitch		Bowline	
Simple Figure Eight (8)		Chimney Hitch	
Becket Bend		Half Hitch	

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

11: Successfully completed CPR Adult, Child, Infant, and AED Training. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

12: Ice Rescue Certified. **(Not Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

13: Vehicle Extrication Basic Training **(Department Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

14: Vehicle Extrication Training. **(Fire School Not Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

15: Basic Wildland Training. **(Required)**

Reviewed by:

Evaluator:		Date:
Print Name:		

Comments:

16: Advanced Wildland Firefighter (S-133, 211, 212, RT-130, & ITC 5). **(Not Required but Recommended)**

Reviewed by:

Evaluator:		Date:	
Print Name:			

Comments:

17: Annual Physical **(Required)** and Fit Test **(Not required but need to fight wildland fires)**

Reviewed by:

Evaluator:		Date:	
Print Name:			

Comments:
