

PENNSYLVANIA FIRE SERVICE VOLUNTARY CERTIFICATION PROGRAM



FIREFIGHTER II

CANDIDATE HANDBOOK

OFFICE OF THE STATE FIRE COMMISSIONER
PENNSYLVANIA STATE FIRE ACADEMY

Dear Certification Candidate,

Welcome to the Pennsylvania Fire Service Voluntary Certification Program. The purpose of this manual is to provide you with information to successfully participate in certification testing. This manual outlines the prerequisites, testing and application process, and provides you with a study guide reference list. Tests are conducted under the sanction and approval of the Pennsylvania Office of the State Fire Commissioner with accreditation granted by the National Board on Fire Service Professional Qualifications (National Pro-Board) and the International Fire Service Accreditation Congress (IFSAC).

In accordance with Act 61 of 1995, The State Fire Commissioner Act, the Office of the State Fire Commissioner is the certifying agency within the Commonwealth of Pennsylvania, and the Pennsylvania State Fire Academy is the administering agency. Any United States Citizen eighteen (18) years of age or older who resides in Pennsylvania may apply for consideration as a test candidate.

Good luck and thank you for participating in the Pennsylvania Voluntary Fire Service Certification Program.

Application Process

Obtain an application from either the Office of the State Fire Commissioner (OSFC) website www.osfc.pa.gov or an approved test site. You must fill out the form, in full, and provide all required documentation. The completed application and accompanying documents are to be submitted to an approved test site or PA State Fire Academy (PSFA). Your application is then reviewed and either accepted or rejected based on compliance and deficiencies (i.e., lacks pre-requisites, no signatures, etc.).

The general test process is as follows:

1. A candidate must submit a complete application including all supporting documents;
2. After the application is approved, the candidate takes the written and subsequently the skills tests (NOTE: the skills test cannot be taken before the written test);
3. Upon successful completion of the written and skills tests and a review of the application for completeness by the test site and PSFA or Delegated Authority, the candidate can be certified for the level tested. If a candidate should not pass any part of the testing process, a retest can be administered and must be completed within one (1) year of the original test date.

Application Pointers

1. Make sure the application is legible and complete. Applications **MUST** be typed.
2. Social Security Number: you have the option to provide the full nine (9) or just the last four (4) digits.
3. Provide your complete name including suffix (Jr, Sr, III, etc.) **NO** nicknames please.
4. Make sure your mailing address includes street, apartment number, city, state and zip.
5. Make sure all appropriate signatures are obtained and are signed in **BLUE** or **BLACK** ink.
 - a. *Chief Officers **CANNOT** sign for themselves where a Chief Officer's signature is required;*
 - b. *For this requirement, another Chief Officer **MUST** sign this section of the application.*
6. Legible copies of all prerequisites must be attached and signed were applicable. **NOTE:** *Copies must include both the front and back of the document where applicable. (i.e. CPR & Medical cards).*
7. Make sure your Prerequisite Verification Form (found in the back of the application) is appropriately marked off and signed in **BLUE** or **BLACK** ink.

Prerequisites

1. **Incident Command System Course:** Successfully completed one of the following courses:
 - a. NFA Incident Command System Course;
 - b. NFA NIMS ICS for the Fire Service
 - c. Incident Command System and Resource Management for the Fire Service
 - d. NFA NIMS ICS for EMS
 - e. NFA IS-100 AND IS-200 (Independent Study or Facilitated Courses)
2. **Fire Fighter I Certification:** The candidate **MUST** be certified at the Firefighter I level.
3. **Hazardous Materials Training and/or Certification:**

Candidates **MUST** be trained or certified at the Hazardous Materials Operations Level Responder in accordance with NFPA 472 (2013 Edition) "Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents", Chapter 5 (Core Competencies) and Chapter 6, (Mission-Specific) section 6.2 (Personal Protective Equipment) and section 6.6 (Product Control) **OR** NFPA 1072 (2017 Edition) "Standard for Hazardous Materials/Weapons of Mass Destruction Emergency Response Personnel Professional Qualifications", Chapter 5 (Core Competencies for Operations Level Responders) and Chapter 6 (Operations Mission Specific) 6.2 Personal Protective Equipment and 6.6 Product Control

A copy of one of the following recognized certificates (training or national certification) **MUST** be included in the application packet. **ALL** training certificates **MUST** be the PSFA approved Jones & Bartlett curriculum.

- Hazardous Materials Operations Level training **OR**
- Hazardous Materials Operations Level Annual Refresher training **OR**
- Hazardous Materials Operations Level Responder National Certification (ProBoard or IFSAC)

The training or certification certificate must be dated within one year of the date of this application. Any training or certification certificate greater than one year from the date of this application will **NOT** be accepted in respect to fulfilling this prerequisite. To meet this prerequisite, you must show proof of completion of a current training, refresher training course or certification certificate.

4. Vehicle Rescue Operations – Candidate must have completed one of the following:

- a. Pennsylvania Joint Vehicle Rescue Program – NVRA and NVRO courses **OR**
- b. Pennsylvania Joint Vehicle Rescue Program – State-issued Technician Certification **OR**
- c. National Certification (ProBoard or IFSAC) NFPA 1006 Vehicle Tech Level I or Vehicle/Machinery

A copy of a course completion certificates or a certification certificate for **MUST** be submitted.

5. Fire Department Communications: The candidate **MUST** attach a copy of a properly completed fire department's incident ("run") report for an actual incident. The report may be one used by their respective department incident report; however local use reports **MUST** be equivalent to the information contained in Guide 1 of this document. National Fire Incident Reporting System (NFIRS) and/or Pennsylvania Fire Incident Reporting System (PENN-FIRS) reports are acceptable.

6. Fire Prevention, Preparedness, and Maintenance

- a. **Residential**: Conduct a fire safety review and draw/diagram a plan for a private dwelling to include:
 - i. a detailed sketch of each floor level to include all doors and windows;
 - ii. the layout of each room on every floor to include large items/obstacles;
 - iii. indicators for escape routes (primary & secondary) and placement of smoke detectors;
 - iv. an indicator of and the distance to the established meeting place outside the resident;
 - v. an index key denoting the relevant routes, detectors, and the requested data noted above;
 - vi. the procedure for calling the fire department in your community; this procedure **MUST** be done as if you are educating the general public on how to call and what information is needed.

Additional information for this section can be referenced in the following text:

- IFSTA Essentials of Fire Fighting 6th Edition, Chapter 21, pages 1240 – 1245.
- Jones & Bartlett Fundamentals of Fire Fighting Skills 1st Edition page 651

Computer generated / CAD floor plans are acceptable; however, the following details **MUST** be drawn in by hand: **escape routes** (primary and secondary), detectors, large items in rooms, and the **meeting place**.

- b. **Commercial**: Conduct a pre-incident survey and fire safety inspection of a commercial building in your area. The completed report shall include the following:
 - i. the fire safety inspection form (See Guide 2 in this handbook for the form);
 - ii. diagrams/sketches of the building floor plan to include each floor of the building;
 - iii. report must contain all applicable pre-plan information;

- iv. pre-plan (building) and plot plan **MUST** include an index key;
- v. plot plan (area) of the target building;
- vi. incident apparatus response assignments – this is unit assignments on the incident **NOT** just a list of apparatus.

Additional information for this section can be referenced in the following text:

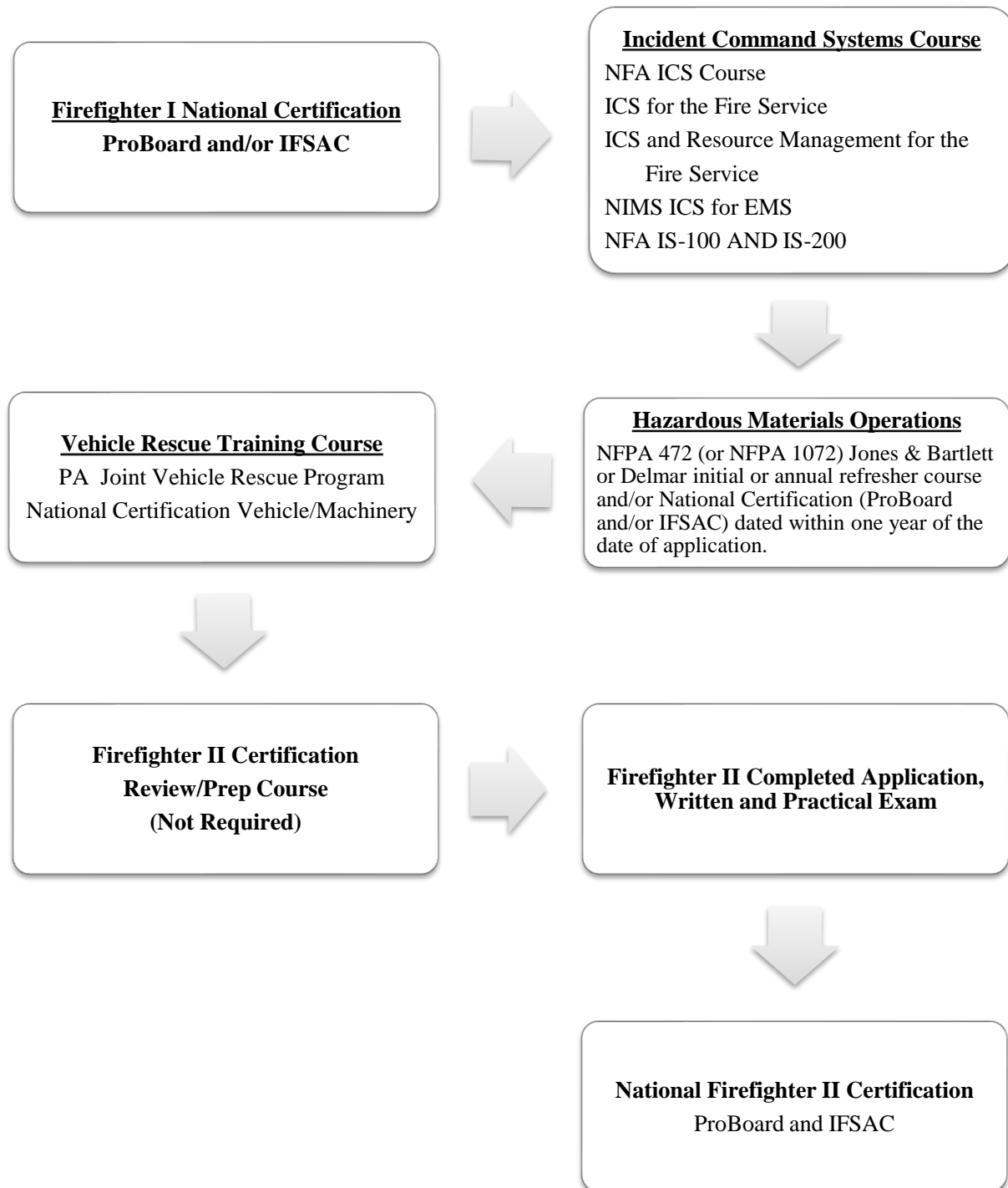
- IFSTA Essentials of Fire Fighting 6th Edition, pages 1256 – 1260.
- Thomson-Delmar Essentials of Fire Fighting & Emergency Response, Chapter 19, pages 674-678 and 684-687.
- Jones & Bartlett Fundamentals of Fire Fighting Skills, Chapter 2, pages 651- 653, 658

NOTE: The use of existing maps, architectural floor plans, site plans and/or Graphic Information System (GIS) mapping programs will be accepted, however the following required details **MUST** be included on these plans and **MUST** be drawn by hand by the candidate (i.e. utilities, hazards, fire suppression/smoke detectors, hydrants, water supply distances, large obstacles [furniture, office desk/equipment, machinery], orientation directional symbol, fire department connections [FDC], and fire alarm control panels).

In addition, the facility **MUST** be an occupied commercial structure (in use) with a form of fire protection infrastructure (i.e., detectors, suppression system, fire walls, rated doors, etc.). Furthermore, the facility selected **CANNOT** be a fire, EMS, or other first responder station/facility nor any facility designated as secure designated by a governing authority (i.e., Federally or Commonwealth Secured Facility).

A Chief Officer's signature is required for this section of the application. Please note a Chief Officer **CANNOT** sign for themselves; another Chief Officer **MUST** sign.

Firefighter II Certification Pathway



Please refer to the Firefighter II application OR the previous section of this document titled “Prerequisites” for a complete listing of approved courses.

Test Policy

Written Test: The written test consists of one hundred (100) questions and is randomly generated. Candidates have a maximum of two (2) hours to complete the test. Passing score for the written test is seventy percent (70%).

Skills Test: Candidates must pass one hundred percent (100%) of the skill stations offered.

NOTE: Skill Station C Fire Safety Presentation: You will be asked to present a prepared program 3 to 5 minutes in length. Possible topics: stop, drop and roll; crawl low in smoke; escape planning; alerting others; calling the fire department; residential smoke detector placement and maintenance. The candidate should be prepared to present any of these topics. Presentation information will be distributed by the test site coordinator to the candidate on the evening of the written test.

Re-test Policy

Written Test: If you are unsuccessful, you have a total of two (2) retest attempts and have one (1) year to complete the retest. You will need to contact the fire academy or a test site of your choice to schedule a retest.

Skills Test: You must pass 100% of the skill stations offered.

- If you are unsuccessful on three (3) or less skill stations, you may retest the same day (only one retest per skill station);
- If you are unsuccessful on four (4) or more skill stations, you may NOT retest the same day. Skill retests must be scheduled for a later date and time.
- A total of eight (8) retest attempts are permitted and must be completed in one (1) year to successfully complete the testing process.

Appeals

A candidate may request a review of his/her performance records by the State Fire Academy within thirty (30) days of receipt of a failure notice. Appeals **MUST** be in writing and in accordance with the policies and procedures of the Certification Program.

Send to: Pennsylvania State Fire Academy
Attn: Certification Program Manager
1150 Riverside Drive
Lewistown, PA 17044

Accommodations

The Pennsylvania Fire Service Voluntary Certification Program offers reasonable accommodations for the written certification exams for individuals with documented disabilities. Only written requests for accommodations for certification examinations are reviewed and each request is reviewed on a case-by-case basis. Requests must be submitted on the Accommodation Request form. The Pennsylvania Fire Service Voluntary Certification Program provides written notification of its decision to the candidate upon completion of its review and the review by legal counsel of the request for accommodation.

The ***Accommodation Request*** form is located on Page 8 of this manual or is available from the Pennsylvania State Fire Academy and test site coordinators. Please contact the Certification Program Manager for further information. The candidate who is requesting an accommodation must complete the request form at the time of application submission or as soon as the need for an accommodation is recognized. All requests must be made prior to the scheduled date of the examination. Any request for accommodation not submitted at least twenty (20) working days prior to the scheduled examination will result in a delay in the candidate's date of examination.

Documentation of a specific disability which would impact a candidate's performance on the written examination must be current (within five (5) years of the date of application). Such documentation should include a signed explanation on letterhead stationery from a professional who is familiar with the applicant's disability or a copy of an Individual Education Plan (IEP) from an educational institution. See below comment.

The statement must confirm and describe the disability for which the accommodation is requested. The professional must have expertise in the specific disability for which the accommodation is being requested.

Request for Accommodation Form

Name of Candidate: _____
 Last Name First Name Middle

Address of Candidate: _____

Telephone Number (area code): _____
(please list a number you can be reached during daylight hours 8am – 4pm)

County of Residence: _____ Email Address: _____

Certification Level Requesting Accommodation for: _____ Date of Test: _____

Test Site to which you have submitted your application: _____

I reviewed the NFPA job performance requirements for the level of certification I am seeking; and I am requesting the following accommodation(s) due to my disability related needs:

____ I have attached a statement on letterhead stationery from a professional who is familiar with my disability. I understand that the professional must have expertise in the specific disability for which I am seeking an accommodation for and the statement must confirm and describe the disability for which the accommodation is requested. Statement is signed by the professional.

____ I am submitting a copy of an IEP (Individual Education Plan) which I have obtained from my educational institution.

Signature of individual completing this form Date

Printed or type name of the individual completing this form

Return this form to: Pennsylvania State Fire Academy
Attn: Certification Program Manager
1150 Riverside Drive
Lewistown, PA 17044
(717) 247-3743

Safety Policy

A candidate should meet the requirements of NFPA 1582 *Standard on Medical Requirements for Firefighters and information for Fire Department Physicians* prior to physical testing to ensure his/her ability to safely perform the required tasks.

For the safety and protection of all participants, all equipment and Personal Protective Equipment (PPE) used for testing **MUST** meet the NFPA standard at the time of manufacturing. PPE will be inspected prior to use in testing.

The facial hair policy directs that a candidate with facial hair which interferes with the operation or use of a Self-Contained Breathing Apparatus (SCBA) will not be permitted to participate in the test process that requires the use of a SCBA.

Test Results/Release of Results

The Office of the State Fire Commissioner/PA State Fire Academy notifies candidates of their results in writing via US Mail. Only pass/fail grades are given.

In accordance with the Federal Education Records and Privacy Act (FERPA) of 1974 which is a federal law that established a minimum standard for the protection of records requires prior consent of a person before any records or other personally identifiable information can be released. In the event a third party request test results of a candidate a Consent to Release Information form will need to be completed and signed by the candidate that the third party is requesting results for.

No show policy

If a candidate is accepted for testing and fails to show up without an acceptable reason, the test site has the right to enforce their no-show policy that could include but is not limited to suspension from testing for an identified period of time and/or financial penalties.

Professional Testing Integrity and Dishonesty

Dishonesty in the professional test environment includes but is not limited to: cheating, plagiarizing, facilitating acts of testing dishonesty by others, having unauthorized possession of examinations, or submitting work of another person. Any instance(s) of testing dishonesty constitutes the need for disciplinary and/or legal actions. All certification candidates shall act with personal integrity, respect others rights and property, and help maintain a professional environment in which all can be successful.

Test Site Coordinators, Assistant Coordinators, Test Proctors, Evaluators and Instructors should take reasonable steps to anticipate and deter acts of dishonesty, reinforce integrity, and support appropriate behavior to protect the rights and trust of honest candidates. At the beginning of each test process, it is the responsibility of those to provide candidates with the "Testing Integrity and Dishonesty" policy and clarify questions that may arise.

Falsification of Documents

Any individual found to have forged, altered, or falsified documentation for the purpose of certification testing will be indefinitely suspended from participating in any certification exam within the Commonwealth of Pennsylvania. Further action may be taken in accordance with the Pennsylvania Crimes Code 18 Pa C.S. 4904, relating to unsworn falsifications.

Cheating on Test

All candidates are expected to work entirely on his/her own while taking any exam. Violations of test integrity consist of any attempt to receive assistance from written or printed aids unless provided by the test proctor for the purpose of a specific test, or any persons, papers or electronic devices, or of any attempt to give assistance

Document Integrity

Certification candidates are expected to complete all work individually. For any material obtained from other sources such as plot plans, web maps, etc., a source reference must be given.

Study Reference List

The following is a list of text that may be reference in preparation for testing.

1. IFSTA, Essentials of Fire Fighting, 6th edition, 1st printing;
2. Jones and Bartlett, Fundamentals of Fire Fighter Skills, 3rd edition, 1st printing;
3. National Fire Protection Association, NFPA 1001 (2013 Ed) Standard for Fire Fighter Professional Qualifications;
4. PTS Publications Firefighter I & II Exam Prep (5th Ed) www.Fire-EmsExamPrep.com
5. Fire Fighter II Skill Sheets on the OSFC website www.osfc.pa.gov

Additional Information:

1. Applications shall be submitted to the test site by their established deadline or no later than 3 weeks prior to the test date.
2. Please contact the test site of your choice to receive information about fees for testing.
3. Photo ID is required at the time of the written and skills tests.
4. Bring all appropriate PPE and SCBA needed to complete all possible skill stations.
5. Dress appropriately; bring extra dry clothes.
6. Bring food and water or a similar beverage to stay hydrated.

Certification applications and skill sheets, in addition to the test schedule and test site contact information, can be found at www.osfc.pa.gov under < [State Fire Academy](#) > link, then the < [Certification](#) > sub-link at the top of the webpage. A page will open with information about the certification program and process. Scroll through the page to find the links for certification applications, skill sheets, test schedule, and test site contact information.

If you have additional questions or concerns about the test process, please contact the test site coordinator at the site in which you applied to be tested at or contact the PA State Fire Academy Certification Program Staff.

GUIDE 1

FIRE DEPARTMENT COMMUNICATIONS (JPR 6.2.1)

FIRE DEPARTMENT COMMUNICATIONS

A candidate may submit his/her fire department's incident (i.e., run) report, **however it must contain** content found within the NFIRS reporting system (listed below). Please note the incident report must be completed by the candidate.

Provide a complete report of all relevant information for the incident; content listed below are general items sought under the PennFIRS / NFIRS reporting process. Indicate n/a for those items not applicable for the reported incident.

- Date
- Times: Alarm /Arrival / Control / Cleared / In Quarters
- Incident Number
- Exposure(s)
- Location
- Name, Address, Municipality, Contact information
- Incident Type
- Mutual Aid
- Actions Taken
- Resource Used / On Assignment
- Dollar Value and Dollar Loss
- Casualties / Fatalities
- Detectors / Fire Protection Systems
- Property Use / Type
- HAZMATS
- Narrative: a written account of actions taken (i.e., who, what, assignments, etc.) and outcomes
- IC / Report Writer
- Property Details (e.g., occupancy, occupancy use, structural type, etc.)
- Ignition / Fire Propagation
- Human Factors
- Equipment Involved
- Structure Type / Status / Description

NFIRS Incident Field Notes

DATE	ALARM TIME	ARRIVAL TIME	CONTROL TIME	LAST UNIT CLEARED	INCIDENT #	EXPOSURE #
/ /	:	:	:	:		
LOCATION						
<input type="checkbox"/> Exact Location	Number		Street or Highway			
<input type="checkbox"/> Intersection	Apt/Room		City	State	Zip Code	
<input type="checkbox"/> Front of	Cross Streets or Directions					
<input type="checkbox"/> Rear of						
<input type="checkbox"/> Adjacent to						

INCIDENT TYPE <small>(Situation Found)</small>	AID GIVEN OR RECEIVED	ACTIONS TAKEN	RESOURCES	
	<input type="checkbox"/> Mutual Aid Received <input type="checkbox"/> Automatic Aid Received <input type="checkbox"/> Mutual Aid Given <input type="checkbox"/> Automatic Aid Given <input type="checkbox"/> Other Aid Given <input type="checkbox"/> None	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Primary Action Taken</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Additional Action Taken (1)</div> <div style="border: 1px solid black; padding: 2px;">Additional Action Taken (2)</div>	Apparatus Suppression EMS Other	Personnel

ESTIMATED DOLLAR LOSS LOSSES	CASUALTIES	DETECTORS	PROPERTY USE
Property \$ <input style="width: 100%;" type="text"/> Contents \$ <input style="width: 100%;" type="text"/> PRE-INCIDENT VALUE Property \$ <input style="width: 100%;" type="text"/> Contents \$ <input style="width: 100%;" type="text"/>	Death Injury Fire Service <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Civilian Fire <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Civilian EMS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	(Required for Confined Fires Only) <input type="checkbox"/> Detector Alerted Occupants <input type="checkbox"/> Detector Did Not Alert Occupant <input type="checkbox"/> Unknown	

HAZARDOUS MATERIALS RELEASE		MIXED USE PROPERTY
<input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat action <input type="checkbox"/> PROPANE GAS: <21 LB. (as in home BBQ grill) <input type="checkbox"/> GASOLINE: vehicle fuel tank or portable container <input type="checkbox"/> KEROSENE: fuel burning equipment or portable storage	<input type="checkbox"/> DIESEL FUEL/FUEL OIL: vehicle tank or portable storage <input type="checkbox"/> HOUSEHOLD SOLVENTS: home/office spill, cleanup only <input type="checkbox"/> MOTOR OIL: from engine or portable container <input type="checkbox"/> PAINT: from paints cans totaling <55 gallons <input type="checkbox"/> OTHER: Special HazMat actions required or spill > 55 gallons	<input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Educational Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Residential Use <input type="checkbox"/> Row of Stores <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Business & Residential <input type="checkbox"/> Office Use <input type="checkbox"/> Industrial Use <input type="checkbox"/> Military Use <input type="checkbox"/> Farm Use <input type="checkbox"/> Other Mixed Use

OCCUPANT/PARTY INVOLVED NAME (LAST, FIRST, MIDDLE)	ADDRESS/CITY/ZIP CODE	TELEPHONE
OWNER NAME (LAST, FIRST, MIDDLE)	ADDRESS/CITY/ZIP CODE	ROOM / APT # TELEPHONE

NOTES:

AUTHORIZATION					
Officer in Charge	Position or Rank	Assignment	Month	Day	Year
Member Making Report	Position or Rank	Assignment	Month	Day	Year

COMPLETE THIS SIDE FOR ALL INCIDENTS - COMPLETE BOTH SIDES FOR ALL FIRES Created 11/2002

<p>Property Details</p> <p><input type="checkbox"/> Not Residential</p> <p>Estimated # of residential living units in the building of origin whether or not all units became involved</p> <p><input type="checkbox"/> Buildings not involved</p> <p>Number of buildings involved</p> <p><input type="checkbox"/> None</p> <p>Acres burned (outside fires)</p> <p><input type="checkbox"/> Less than 1 acre</p>	<p>On-Site Materials</p> <p><input type="checkbox"/> None</p> <p>On-Site Material (1)</p> <p><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p> <p>On-Site Material (2)</p> <p><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p> <p>On-Site Material (3)</p> <p><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p>	<p>Ignition</p> <p>Area of Fire Origin</p> <p>Heat Source</p> <p>Item First Ignited</p> <p><input type="checkbox"/> Fire spread confined to object of origin</p> <p>Type of Material First Ignited</p>	<p>Cause of Ignition</p> <p><input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Failure of Equipment or Heat Source <input type="checkbox"/> Act of Nature <input type="checkbox"/> Cause Under Investigation <input type="checkbox"/> Cause Undetermined after Investigation</p> <p>Factors Contributing to Ignition</p> <p><input type="checkbox"/> None</p> <p>Factor #1</p> <p>Factor #2</p>
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<p>Human Factors Contributing to Ignition</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol/drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Physically disabled <input type="checkbox"/> Multiple persons involved <input type="checkbox"/> Age was a factor</p>	<p>Equipment Involved in Ignition</p> <p><input type="checkbox"/> None</p> <p>Equipment Involved: _____ Brand: _____ Model: _____ Serial Number: _____</p> <p>Year: _____ Equipment Power Source: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> None</p> <p>Mobile Property Type: _____ Mobile Property Make: _____</p> <p><input type="checkbox"/> Not involved in ignition, but burned</p> <p>Year: _____ Mobile Property Model: _____</p> <p><input type="checkbox"/> Involved in ignition, but didn't burn</p> <p>VIN Number: _____</p> <p><input type="checkbox"/> Involved in ignition and burned</p> <p>License Plate Number: _____ State: _____</p>
<p>Fire Suppression Factors</p> <p>Fire Suppression Factor (1): _____</p> <p>Fire Suppression Factor (2): _____</p> <p>Fire Suppression Factor (3): _____</p>	

<p>Structure Type</p> <p><input type="checkbox"/> Enclosed building <input type="checkbox"/> Fixed portable/mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform (e.g. piers) <input type="checkbox"/> Underground structure (work areas) <input type="checkbox"/> Connective structure (e.g. fences) <input type="checkbox"/> Other type of structure</p>	<p>Building Status</p> <p><input type="checkbox"/> Under construction <input type="checkbox"/> Occupied & operating <input type="checkbox"/> Idle, not routinely used <input type="checkbox"/> Under major renovation <input type="checkbox"/> Vacant & secured <input type="checkbox"/> Vacant & unsecured <input type="checkbox"/> Being demolished <input type="checkbox"/> Undetermined <input type="checkbox"/> Other</p>	<p>Building Height</p> <p>(Count ROOF as part of Highest Story)</p> <p>Total # of stories at or above grade: _____</p> <p>Total # of stories below grade: _____</p> <p>Main Floor Size (Complete One)</p> <p>Total square feet: _____ BY _____</p> <p>Length in Feet: _____ Width in Feet: _____</p>	<p>Fire Origin</p> <p><input type="checkbox"/> Below Grade</p> <p>Story of origin: _____</p> <p>Fire Spread</p> <p><input type="checkbox"/> Confined to object of origin <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin</p>
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<p>Number of Stories Damaged by Flame</p> <p>____ Number of stories w/ minor damage (1 to 24% Flame Damage)</p> <p>____ Number of stories w/ significant damage (25 to 49% Flame Damage)</p> <p>____ Number of stories w/ heavy damage (50 to 74% Flame Damage)</p> <p>____ Number of stories w/ extreme damage (75 to 100% Flame Damage)</p>	<p>Material Contributing Most to Flame Spread</p> <p>Item contributing most to flame spread: _____</p> <p>Type of material contributing most to flame spread: _____</p>	<p>Insurance Company Information</p> <p>Insurance Company Name: _____</p> <p>Policy Number: _____</p> <p>Agent's Name: _____</p> <p>Phone Number: _____</p>
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<p>Presence of Detectors</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Detector Power Supply</p> <p>____</p> <p>Detector Type</p> <p><input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination-smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than 1 type present</p>	<p>Detector Effectiveness</p> <p><input type="checkbox"/> Alerted occupants-they responded <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants</p> <p>Detector Failure Reason</p> <p>____</p>	<p>Presence of Automatic Extinguishing System</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Type of System</p> <p>____</p> <p># of Heads Operating</p> <p>____</p>	<p>System Operation</p> <p><input type="checkbox"/> Operated & effective <input type="checkbox"/> Operated & not effective <input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Other</p> <p>System Failure Reason</p> <p>____</p>
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GUIDE 2

FIRE PREVENTION, PREPAREDNESS, and MAINTENANCE (JPRs 6.5.1, 6.5.3)

As a Firefighter II candidate, you need to complete a survey (i.e., exit plan) for a private dwelling (i.e., your residence) and a safety survey for a commercial structure.

RESIDENTIAL STRUCTURE

- a. Conduct a fire safety plan (i.e., exit plan) of a private dwelling.
- b. Procedure to call the fire department in your community (please approach this as you are educating someone from the general public on how to call 911 and what information is needed).

For the residence, please diagram each level of the structure, indicate the locations of doors and windows, the **primary and secondary exits**, the layout of each room with a minimum one large item (i.e., couch, table, TV, bed, etc.) indicated, any fire prevention/protection system (e.g., smoke detectors), and the location of and distance to the outside meeting location. The diagram shall include an index indicating the content you have drawn.

*NOTE: A computer generated floor plan is acceptable, however the criteria noted above must be drawn in hand by the candidate, especially the **ESCAPE ROUTES** and **MEETING PLACE**.*

COMMERCIAL STRUCTURE

Using the pre-plan form provided, prepare a preplan and conduct a survey of a commercial building. Be sure to include both a building (i.e., floor) plot plan and a plot (i.e., area), and any other significant information.

- a. Complete a fire safety inspection for a commercial building in your area.
- b. Conduct a pre-incident plan on a commercial building in your area.
- c. List the apparatus normally sent for an incident AND make sure you describe the assignment given to each apparatus on the response.

*NOTE: A computer generated, existing maps, architectural floor plans, site plans and/or Graphic Information System (GIS) mapping programs will be accepted; however, all content specific criteria (i.e., utilities, water supply, FDCs, etc.) on the plan **MUST** be hand drawn.*

NOTE: Please check your work against Skill Sheet H to ensure you have completed all tasks.

ALSO: The facility selected **MUST** be a commercial structure occupied and in use with some form of fire protection infrastructure (i.e., detectors, suppression system, fire walls or doors, etc.). Furthermore, the facility selected **CANNOT** be a fire, EMS, or other first responder station/facility nor any facility designated as secure designated by a governing authority (i.e., Federally or Commonwealth Secured Facility).

The preplan MUST be complete, accurate, and legible; the evaluator must be able to read and interpret the content.

Candidate Name: _____ Social Security No. (last four #s): _____

PREPLAN AND FIRE SAFETY INSPECTION OF TARGET BUILDING, Page 1 of 3

Building Name: _____ Occupant: _____

Address: _____ City, State, Zip: _____

Owner Name: _____ Emergency Contact: _____

Keyholder

Owner Phone # _____ Emergency Contact # _____

Primary Entrance/Side: _____ Forcible Entry Points: _____

Secondary Entrance/Side: _____ Key Box Location: _____

BUILDING INFORMATION (DATA)

Type of Occupancy _____ Assembly _____ Business _____ Education _____ Factory _____ High-Hazard
_____ Institution _____ Mercantile _____ Residential _____ Storage _____ Multi-Occupancy

Processes: _____

Population During Business Hours: _____ Population After Hours: _____

Special Population Targets and Locations: _____

Salvage Targets & Locations: _____

Occupancy Hazards: _____

HAZARDOUS MATERIALS

Hazardous Materials: Yes No N/A MSDS Location: _____

SARA (Tier II) Facility: Yes No N/A Chemical Inventory List Provided: Yes No If No, Location: _____

CHEMICAL NAME (List 3 of the Highest Hazard Potentials)	UN ID#	QUANTITY (lbs. / gals)	LOCATION
1.			
2.			
3.			

BUILDING CONSTRUCTION

Type of Construction _____ Type I _____ Type II _____ Type III _____ Type IV _____ Type V

Dimensions Length _____ ft. Width _____ ft. Total Sq. Ft. _____

Number of stories Above Ground _____ Below Ground _____ Approximate Height: _____ ft.

Construction Details:

Wall Construction

- Wood
- Metal
- Concrete
- Masonry (Brick / Block)
- Other: _____

Floor Construction

- Truss (Yes/No)
- Lightweight Construction
- Wood
- Metal
- Concrete
- Other: _____

Roof Construction

- Truss (Yes/No)
- Lightweight Construction
- Wood
- Metal
- Concrete
- Other: _____

Roof Type

- Pitched
- Flat
- Arched
- Hip
- Other:
- Shed
- Mansard
- Gambrel
- Lantern

Wall Covering

- Sheetrock (Drywall)
- Plaster
- Wood / Paneling
- Ceramic Tile
- Masonry
- Other: _____

Floor Decking

- Wood
- Concrete
- Concrete (reinforced)
- Metal
- Other: _____

Roof Covering

- Wood Shingles
- Tile (clay, slate, cement)
- Composite Shingles (asphalt)
- Metal
- Build Up (rubber)
- Other: _____

Basement: Full dimensions of building Partial If partial, Side _____ N/A

Basement Access: Interior: Side _____ Exterior: Side _____ N/A

Crawl Space Access Interior: Side _____ Exterior: Side _____ N/A

Number of Stairways, Type & Locations: _____

Number of Elevator(s): _____ N/A Elevator Key Location: _____

Elevator # _____

Floors Served _____

Elevator Mach. Room _____

Other Vertical Openings, Type & Locations: _____

Heating System: Electric Natural Gas (LNG) LPG Oil Combination Gas/Oil Other: _____

Emergency Shut-Off: Division # _____ Side _____ Roof Level _____ Mechanical Equip. Room: _____

Within Room Area On-Unit Side: _____

System Inspected: Yes No Safely Arranged Yes No Area Clear of Obstructions Yes No

FIREGROUND EXPOSURES

Side-A (address) _____ Distance (ft.) _____

Side-B (left) _____ Distance (ft.) _____

Side-C (rear) _____ Distance (ft.) _____

Side-D (right) _____ Distance (ft.) _____

BUILDING UTILITIES

<u>Utility</u>	<u>Utility Main Shut-Offs Locations</u>			<u>Supplier</u>	<u>Contact Phone #</u>
Electric	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Emergency Generator	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Water	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Gas/LPG/Oil	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Alternative Energy	Division # _____	Side _____	<input type="checkbox"/> N/A	Type: _____	_____

WATER SUPPLY

Hydrant(s) Primary Location: _____ Capacity(GPM): _____

Secondary Location: _____ Capacity(GPM): _____

Rural Area Main drafting water supply: _____ Lake _____ Pond _____ River _____ Pool _____ Other _____

Drafting Location: _____ Travel Distance: _____

Private Type: _____ Location: _____

Type: _____ Location: _____

BUILDING FIRE PROTECTION SYSTEM

Fire Alarm System: Yes No System Operational: Yes No Monitored System: Yes No

Detector Types: None Smoke Combination Thermal Carbon Monoxide Pull Stations Monitoring Co: _____

Contact Phone #: _____

Fire Alarm System (FAS) Panel Location: _____ Division # _____ Side _____ N/A

Remote FAS Panel Location: _____ Division # _____ Side _____ N/A

FDC Connections Sprinkler(SPKR) Standpipe (STDP) Combination (SPKR/STDP) N/A

FDC Location(s): Side-A Side-B Side-C Side-D Connection Type & Size: _____ N/A

Fire Pump(s): Location: _____ GPM _____ N/A

Sprinkler System: Wet Dry Deluge Pre-Action Limited Area (20 SPKR Heads) N/A
 Full Building Partial Building If Partial, Location _____
 System Pressure: _____ PSI Water Pressure: _____ PSI Air Pressure: _____ PSI
 Sprinkler Room Location: _____ Division # _____ Side _____
 Sprinkler System Tested: Yes No Date: _____

Standpipe (STDP) & Hose System: Class I Class II Class III N/A
 Standpipe Riser & Hose Connections: Locations: _____
 OS&Y Valves: Side-A Side-B Side-C Side-D N/A
Chemical Ext. System Clean Agent CO2 Dry Chemical Halon Wet Chemical N/A
 Location: _____ Side _____ Division # _____
 System Inspected: Yes No Date: _____

FIRE SAFETY INSPECTION

Sprinklers Clear of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate Emergency Exits:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler Room Clear of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exit doors not blocked and open easily:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Dept. Connection Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Door Panic Hardware in working condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose Cabinets/Area Clear of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire / Self-Closing Doors kept closed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher Pin & Anti-Tamper Seal Intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access/Egress routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers Properly Charged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Exit Lights Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers Inspected:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Lighting Present/Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers Visible and Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any excess trash/garbage present:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pull Stations Visible and Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple extensions cords being used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation Plans Properly Posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking in unauthorized areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Conditions found on inspection: _____

Known Occupancy Hazards: _____

Inspector's Name _____ Inspector's Signature _____ Date _____

Permission to conduct this inspection was granted by:

Name (please print) _____ Title _____ Phone _____ Date _____

The information requested is for training and validation purposes only. All information is confidential.

Floor/Plot Plan: Candidate Name _____ SSN# _____ (last 4-digits)
 Candidate Signature _____ Date of Inspection: _____

Candidate Name _____ SSN# _____ (Last 4-digits) _____ Residential _____ Commercial _____

A large grid for data entry, consisting of approximately 30 columns and 40 rows.

FIREFIGHTER CODE OF ETHICS

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicle and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Developed by the National Society of Executive Fire Officers