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| **FIREFIGHTER RETENTION SKILL ASSESSMENT WORKSHEET** | | | | | | | | | | | | | |
| **Please type or print legibly.** | | | | | | | | | | | | | |
|  | |  | | | | | | | |  |  | | |
| NAME: LAST | | FIRST | | | | | | | | MI | DATE OF BIRTH | | |
|  | |  | | | | | | | |  |  | | |
| HOME ADDRESS | | CITY | | | | | | | | STATE | ZIP CODE | | |
|  | |  | | | | | | | |  | | | |
| EMAIL ADDRESS | | PHONE NUMBER | | | | | | | | FCDICE STUDENT ID NUMBER | | | |
|  |  | | | | | | | | | | | | |
| Social Security Number1  (LAST FOUR NUMBERS) |  | | | | | | | |  | | | | |
| **ATTEST**: The information contained in this document is true and correct to the best of my knowledge. I understand that falsification of this document is subject to penalty and is cause to deny or revoke the individual’s certification. | | | | | | | | | | | | | |
| SIGNATURE OF APPLICANT | | | | | | | DATE | | | | | | |
|  | | | | | | | | | | | | | |
| **FIREFIGHTER RECRUIT TRAINING FACILITY INFORMATION:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| NAME OF FIREFIGHTER RECRUIT TRAINING FACILITY | | | |  | | | | | | | | |  |
|  | | | | | |  | | | | | | | |
| PRINTED NAME OF TRAINING FACILITY DIRECTOR | | | | | | | DATE | | | | | |  |
|  | | | | | | | | | | | | | |
| SIGNATURE OF TRAINING FACILITY DIRECTOR | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |
| **PURPOSE OF THIS SKILL WORKSHEET.** This retention skill worksheet is designed to enable the student to demonstrate they have met the listed job performance requirements according to the NFPA 1001 Standard for Firefighter Professional Qualifications. | | | | | | | | | | | | | |
| **EXPECTATIONS OF EVALUATORS:** Evaluators shall be Florida certified instructors. Two evaluators shall acknowledge by their signature that each skill has successfully been completed, or skill has not been completed. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ***Reference to NFPA 1001 Standard*** | | | ***Skill Performance*** | | | | |  | | | |  | |
|  | | | | | ***Instructor #1 Signature*** | | | | ***Instructor #2 Signature*** | |
| **SKILL COMPLETED** | | **SKILL NOT COMPLETED** | | |
| **Personal Protective Equipment (PPE) Assessment:** | | |  | |  | | |  | | | |  | |
| Given issued personal protective equipment, consisting of at least helmet (with eye protection), hood, boots, gloves, bunker coat, bunker pants, SCBA, and an SCBA equipped apparatus, demonstrate donning all PPE and SCBA (from the storage or mounting location of the apparatus) for safe operations in a hazardous environment in a timely manner not to exceed four minutes. | | |  | |  | | |  | | | |  | |
| **Search and Rescue Assessment:** | | |  | |  | | |  | | | |  | |
| Given various tools and PPE, force entry into a structure through a door or through a window so that the barrier is removed and the opening is in safe condition ready for entry using all tools in a safe manner. | | |  | |  | | |  | | | |  | |
| Given a team, PPE, obscured vision conditions, and a variety of tools, conduct search and rescue in a structure locating and removing all victims in a safe manner. | | |  | |  | | |  | | | |  | |
| Given a fully equipped engine, PPE, a simulated hazardous environment, an assignment and as part of a team, perform the safe rescue of; a firefighter down with functioning respiratory protection, a firefighter down with non-functioning respiratory protection or a civilian down. | | |  | |  | | |  | | | |  | |
| Given a below or above grade rescue situation, PPE, a selection of ladders, tools, a training manikin, protective equipment, an assignment and as part of a team, effect a below or above grade structural fire rescue. | | |  | |  | | |  | | | |  | |
| Given a fire department radio, communicate the need for fire team assistance. | | |  | |  | | |  | | | |  | |
| **Ropes & Knots Assessment:** | | |  | |  | | |  | | | |  | |
| Given a sufficient amount of rope(s), safely tie the following knots in a reasonable amount of time while wearing structural firefighting gloves: clove hitch, half hitch and figure-eight family of knots. | | |  | |  | | |  | | | |  | |
| Hoist a charged hose line. | | |  | |  | | |  | | | |  | |
| Given a selected tool or piece of equipment and a lifting height of 20’, apply the appropriate knot, safety and tag line. | | |  | |  | | |  | | | |  | |
| **Ladders Assessment:** | | |  | |  | | |  | | | |  | |
| Given, an assignment as part of a team and full PPE, carry, position, raise, extend, secure, foot, lower, carry and re-stow each type of portable ladder so that each position is demonstrated at least once assuring hazards are assessed, ladder is stable, correct climbing angle, and ladders are fully extended and locked. | | |  | |  | | |  | | | |  | |
| Given a properly positioned ladder, full PPE, and as part of a team, climb a fully extended 24’ or 28’ ladder with an assigned tool, lock in, unlock, climb to the tip and return to the ground with the assigned tool. | | |  | |  | | |  | | | |  | |
| Given an assignment to raise a ladder in full PPE, and as part of a team, raise a ladder using the “one-firefighter method”, the “two-firefighter flat raise method”, and the “two-firefighter beam raise method”. | | |  | |  | | |  | | | |  | |
| **Hose & Fire Stream Assessment:** | | |  | |  | | |  | | | |  | |
| Given supply or intake hose, hose tools and a fire hydrant or static water source and as part of a team, connect a fire department pumper to a water supply. | | |  | |  | | |  | | | |  | |
| Given an assignment to advance a hose line in full PPE, and as part of a team; advance the pre-connected flat hose load, the minuteman hose load, and the triple layer hose load. | | |  | |  | | |  | | | |  | |
| Given the necessary equipment and operating as a member of a team, advance both dry and charged attack lines of two different sizes, both which shall be 1 ½ inch or larger: up an inside stairway to an upper floor, and down an inside stairway to a lower floor. | | |  | |  | | |  | | | |  | |
|  | | | | | | | | | | | | | |

**USE OF SOCIAL SECURITY NUMBERS:** Applicant’s last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant’s last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.

**Submit this form, along with the required documentation to:**

**Bureau of Fire Standards and Training**

**11655 NW Gainesville Road**

**Ocala, Florida 34482-1486**