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| **HEALTH AND SAFETY OFFICER TASK BOOK** | | | | | | | | | |
| **Please type or print legibly.** | | | | | | | | | |
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| NAME: LAST | FIRST | | | | MI | | DATE OF BIRTH | | |
|  |  | | | |  | |  | | |
| HOME ADDRESS | CITY | | | | STATE | | ZIP CODE | | |
|  |  | | | |  | | | | |
| EMAIL ADDRESS | PHONE NUMBER | | | | FCDICE STUDENT ID NUMBER | | | | |
|  | | | |  | | | | | |
| DATE TASK BOOK INITIATED | | | | DATE TASK BOOK COMPLETED | | | | | |
|  | | | | | | | | | |
| **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 this certification. | | | | | | | | | |
| *Signature of Applicant* | | | *Date* | | | | | | |
|  | | | | | | | | | |
| *Signature of Fire Chief, Agency Head or Designee* | | | *Printed Name of Fire Chief, Agency Head or Designee* | | | | | *Date* | |
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| **PURPOSE OF THIS TASK BOOK**: This task book is an evaluative tool designed to document that a candidate has demonstrated certain requisite skills required to meet a specific NFPA 1521 job performance requirement. Selected skill objectives in this task book are a supplement to the student learning outcomes and objectives met by successfully completing the Safety Officer program curriculum. | | | | | | | | | |
| **EXPECTATION OF CANDIDATE**:The Health and Safety Officer candidate is solely responsible for the maintenance, completion, and submission of this task book. | | | | | | | | | |
| **EXPECTATIONS OF EVALUATOR**: The evaluator is a direct supervisor, training officer or person designated by Fire Chief or Agency Head who is responsible for overseeing the performance or activity of the candidate. The evaluator documents first hand observation of the requisite skills of candidate, and attests by signature when task(s) has been demonstrated. Evaluator must sign and enter their Student ID number on this form. The Division shall designate an alternate evaluator independent of the candidate’s employing Fire Service Provider at the request of the candidate. This alternate evaluator shall be a Florida Certified Safety Officer and Florida Certified Instructor. | | | | | | | | | |
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| **HEALTH and SAFETY OFFICER** | | | | | | | | | |
| ***General Reference to NFPA 1521 Standard*** | | ***Evaluator Signature***  ***(Print & Sign Name)*** | | | | ***Student***  ***ID Number*** | | | ***Date*** |
| **Risk Management Functions** | |  | | | |  | | |  |
| Demonstrated the ability to identify risks; develop goals, objectives, and action plans to manage those risks; analyze data; and develop an organizational risk management plan. | |  | | | |  | | |  |
| Demonstrate the ability to implement safety provisions of the organization’s risk management plan into training and education programs. | |  | | | |  | | |  |
| **Laws, Codes, and Standards:** | |  | | | |  | | |  |
| Demonstrated ability to establish SOP/Gs for an occupational health and safety program. | |  | | | |  | | |  |
| Demonstrated ability to assess and report the adequacy and effectiveness of compliance with occupational health and safety SOP/Gs, | |  | | | |  | | |  |
| **Training and Education** | |  | | | |  | | |  |
| Demonstrated ability to develop and distribute health and safety information. | |  | | | |  | | |  |
| Demonstrated ability to implement training and education in safety procedures relating to fire department operations. | |  | | | |  | | |  |
| Demonstrated ability to develop a safety procedure for live fire training exercises. | |  | | | |  | | |  |
| **Accident Prevention** | |  | | | |  | | |  |
| Demonstrated ability to manage an accident prevention program. | |  | | | |  | | |  |
| Demonstrated ability to provide instruction in safe work practices. | |  | | | |  | | |  |
| Demonstrated ability to develop safety a procedure for an emergency vehicle safety. | |  | | | |  | | |  |
| Demonstrated ability to conduct a periodic safety audit of fire department facilities and/or operations. | |  | | | |  | | |  |
| **Accident Investigation, Procedures, and Review:** | |  | | | |  | | |  |
| Demonstrated ability to investigate, or cause to be investigated, occupational injuries, illnesses, exposures, and fatalities as established by the FD policies. | |  | | | |  | | |  |
| Demonstrated ability to develop corrective recommendations that result from accident investigations as established by the FD policies. | |  | | | |  | | |  |
| Demonstrated ability to develop accident and injury reporting and investigation procedures, or follow an accident and injury procedure as established by the FD policies. | |  | | | |  | | |  |
| **Records Management and Data Analysis**: | |  | | | |  | | |  |
| Demonstrated an ability to manage the collection and analysis of data related to accidents, occupational deaths, injuries, illnesses, and exposures to infectious agents and communicable diseases. | |  | | | |  | | |  |
| Demonstrated an ability to maintain records of all recommendations made and actions taken to implement or correct safety and health hazards or unsafe practices are communicated by FD policies. | |  | | | |  | | |  |
| Demonstrated an ability to develop reports of accidents, injuries, illnesses and corrective actions taken are communicated as established by the FD policies. | |  | | | |  | | |  |
| **Apparatus and Equipment**: | |  | | | |  | | |  |
| Demonstrated ability to develop and recommend safety-related fire apparatus and equipment specifications. | |  | | | |  | | |  |
| Demonstrated ability to develop and recommend safety-related specifications for protective clothing and protective equipment. | |  | | | |  | | |  |
| Demonstrated ability to verify annual performance testing of fire apparatus and fire equipment is being conducted. | |  | | | |  | | |  |

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| **Facility Inspection:** |  |  |  |
| Demonstrate ability analyze, develop, and conduct a health and safety inspection for a fire department.. |  |  |  |
| **Health Maintenance** |  |  |  |
| Demonstrated ability to analyze and coordinate the fire department medical, physical performance, and health and fitness requirement |  |  |  |
| **Liaison:** |  |  |  |
| Demonstrated ability to develop recommendations, and communicate health and safety committee recommendations, to the fire chief or appropriate person based on FD policies. |  |  |  |
| Demonstrated an ability to provide members with information and assistance as to methods members can use to report health and safety hazards. |  |  |  |
| Demonstrated an ability to verify medical advice and treatment are available to members of the department. |  |  |  |
| **Infection Control**: |  |  |  |
| Demonstrated ability to Assess the fire department’s infection control program with respect to compliance with the requirements of the Ryan White Act, 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens,” and NFPA 1581, Standard on Fire Department Infection Control Program. |  |  |  |
| Demonstrated ability / understanding of how to function as the fire department infection control officer. |  |  |  |
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