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| **CONFINED SPACE RESCUE OPERATIONS TASK BOOK** | | | | | | | | | |
| **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 | | | | |
|  | | | |  | | | | | |
| 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* |
|  | | | | | | | | | |
| **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 1670 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 Confined Space Rescue Operations program curriculum. | | | | | | | | | |
| **EXPECTATION OF CANDIDATE**:The Confined Space Rescue Operations 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. | | | | | | | | | |
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| **CONFINED SPACE RESCUE OPERATIONS** | | | | | | | | | |
| ***General Reference to NFPA 1670 Standard*** | | ***Evaluator Signature***  ***(Print & Sign Name)*** | | | | ***Instructor***  ***ID Number*** | | ***Date*** | |
| Recognize confined spaces | |  | | | |  | |  | |
| Recognize the need for confined space search and rescue | |  | | | |  | |  | |
| Implement the emergency response system for confined space emergencies | |  | | | |  | |  | |
| Size up and evaluate existing and potential conditions at confined space emergencies | |  | | | |  | |  | |
| Implement site control and scene management | |  | | | |  | |  | |
| Recognize and identify the hazards associated with non-entry confined space emergencies | |  | | | |  | |  | |
| ***General Reference to NFPA 1670 Standard*** | | ***Evaluator Signature***  ***(Print & Sign Name)*** | | | | ***Instructor***  ***ID Number*** | | ***Date*** | |
| Identify the duties of the rescue entrant(s) and backup rescue entrant(s), rescue attendant, and rescue team leader | |  | | | |  | |  | |
| Ensure that personnel are capable of managing the physical and psychological challenges that affect rescuers entering confined spaces | |  | | | |  | |  | |
| Perform a non-entry retrieval | |  | | | |  | |  | |
| Perform an entry type rescue into a confined space | |  | | | |  | |  | |
| Protect personnel from hazards within a confined space | |  | | | |  | |  | |
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