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| **AIRCRAFT RESCUE AND FIRE FIGHTING (ARFF) DRIVER TASK BOOK** | | | | | | | |
| **Please type or print legibly.** | | | | | | | |
| **PURPOSE OF THIS TASK BOOK**: This task book is an evaluative tool designed to document that a candidate for an ARFF Driver certification has demonstrated certain requisite skills necessary to meet a specific National Fire Protection Association (NFPA) 1002 (2017 Edition) 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 ARFF Driver program curriculum. This form is incorporated by reference in Rule 67A-37.039, Florida Administrative Code (F.A.C.), and can be obtained via the Department’s website at: <https://myfloridacfo.com/division/sfm/bfst/>. | | | | | | | |
| **EXPECTATION OF CANDIDATE**:The ARFF Driver candidate is solely responsible for the maintenance, completion, and submission of this task book and filling out the contact information below. | | | | | | | |
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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 | | | | |
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| **EXPECTATIONS OF EVALUATOR**: The evaluator is a direct supervisor, training officer, or person designated by a Fire Chief or Agency Head who is responsible for overseeing the performance or activity of the candidate. The evaluator must be a Florida Certified ARFF Driver and Florida Certified Instructor. The evaluator must document first-hand observation of the requisite skills of a candidate and attest by signature when task(s) has been demonstrated. The evaluator’s signature and Instructor ID number must be on this form. Upon a candidate’s written request to the Bureau’s Standards Section Supervisor, the Division shall designate an alternate evaluator independent of the candidate’s employing Fire Service Provider. This alternate evaluator must be a Florida Certified ARFF Driver and Florida Certified Instructor. | | | | | | | |
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| **ARFF DRIVER** | | | | | | | |
| **General Reference to NFPA 1002 Standard** | | **Evaluator Signature**  **(Print & Sign Name)** | | | **Instructor**  **ID Number** | | **Date** |
| **Safety and Maintenance** | |  | | |  | |  |
| Demonstrated the ability to effectively utilize safety equipment and hand tools to test, inspect, and service agency-specific ARFF units in order to correct deficiencies. | |  | | |  | |  |
| **Fire Suppression / Operations** | |  | | |  | |  |
| Demonstrated the ability to effectively maneuver agency-specific ARFF units in compliance with state and local laws and agency policies. | |  | | |  | |  |
| Demonstrated the ability to effectively maneuver agency-specific ARFF units off of an improved surface in compliance with state and local laws and agency policies | |  | | |  | |  |
| Demonstrated the ability to effectively maneuver and position agency-specific ARFF units into a correct operational position to initiate fire suppression activities. | |  | | |  | |  |
| Demonstrated the ability to effectively establish an effective fire suppression stream utilizing agency-specific ARFF units in support of fire suppression and rescue activities. | |  | | |  | |  |
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| **ATTESTATION:** I hereby declare that I have read the foregoing and the information contained in this document is, to the best of my knowledge, true and correct. I understand that falsification of this document is subject to penalty and is cause to deny or revoke this certification. | | | | | | | |
| Signature of Candidate: Date: | | | | | | | |
| Printed Name of Fire Chief, Agency Head, or Designee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: Date: | | | | | | | |