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| **AIRCRAFT RESCUE AND FIRE FIGHTING (ARFF) FIREFIGHTER TASK BOOK** | | | | | | | | |
| **Please type or print legibly.** | | | | | | | | |
| **PURPOSE OF THIS TASK BOOK**: This task book is an evaluative tool used to document that a candidate for an ARFF Firefighter certification has demonstrated certain requisite skills necessary to meet a specific National Fire Protection Association (NFPA) 1003 (2019 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 Firefighter 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 Firefighter 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 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 Firefighter and Florida Certified Instructor. The evaluator must document first-hand observation of the requisite skills of 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 Firefighter and Florida Certified Instructor. | | | | | | | | |
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| **ARFF FIREFIGHTER** | | | | | | | | |
| **General Reference to NFPA 1003 Standard** | | **Evaluator Signature**  **(Print & Sign Name)** | | | **Instructor**  **ID Number** | | | **Date** |
| **Response** | |  | | |  | | |  |
| Demonstrated the ability to effectively become familiar with the agency’s airport. | |  | | |  | | |  |
| Demonstrated the ability to effectively utilize grid maps specific to the agency’s airport. | |  | | |  | | |  |
| Demonstrated the ability to effectively utilize water distribution maps specific to the agency’s airport. | |  | | |  | | |  |
| Demonstrated the ability to effectively navigate the agency’s airport facility using markings and lights. | |  | | |  | | |  |
| Demonstrated the ability to effectively take corrective actions utilizing maps, water distribution systems, airport markings, and lights specific to the agency’s airport. | |  | | |  | | |  |
| Demonstrated the ability to effectively utilize agency specific communications equipment to transmit scene size-up and implement airport emergency plans with aircraft involved. | |  | | |  | | |  |
| Demonstrated the ability to effectively communicate with air traffic control in order to obtain proper clearances to a specific airport destination. | |  | | |  | | |  |
| Demonstrated the ability to effectively detect an unsafe condition and implement threat reduction procedures using airport policies and procedures. | |  | | |  | | |  |
| **Fire Suppression (NFPA 1003, 4.3)** | |  | | |  | | |  |
| Demonstrated the ability to effectively extinguish an aircraft fuel spill fire utilizing proper personal protective equipment during foam operations. | |  | | |  | | |  |
| Demonstrated the ability to effectively extinguish an aircraft fuel spill fire utilizing an ARFF vehicle turret. | |  | | |  | | |  |
| Demonstrated the ability to effectively extinguish an aircraft fuel spill fire as part of a team. | |  | | |  | | |  |
| Demonstrated the ability to effectively extinguish an interior aircraft fire as part of a team. | |  | | |  | | |  |
| Demonstrated the ability to effectively locate and extinguish a hidden interior aircraft fire using ladders or other appropriate means. | |  | | |  | | |  |
| Demonstrated the ability to effectively extinguish an aircraft engine fire as part of a team. | |  | | |  | | |  |
| Demonstrated the ability to effectively extinguish a wheel assembly fire as part of a team. | |  | | |  | | |  |
| Demonstrated the ability to effectively ventilate an aircraft using appropriate equipment and techniques. | |  | | |  | | |  |
| Demonstrated the ability to replenish various extinguishing agents within agency specific policies and procedures. | |  | | |  | | |  |
| Demonstrated the ability to effectively preserve evidence and initiate reporting procedures. | |  | | |  | | |  |
| Demonstrated the ability to effectively conduct overhaul activities in support of agency specific policies and procedures. | |  | | |  | | |  |
| **Rescue** | |  | | |  | | |  |
| Demonstrated the ability to effectively gain access to an aircraft via aircraft specific access points and safely egress from aircraft. | |  | | |  | | |  |
| Demonstrated the ability to safely shutdown and secure an aircraft to allow for passenger egress / rescue to occur. | |  | | |  | | |  |
| Demonstrated the ability to effectively remove an individual entangled within an aircraft as part of a team. | |  | | |  | | |  |
| Demonstrated the ability to safely establish a triage site and begin agency specific triage protocols. | |  | | |  | | |  |
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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: | | | | | | |  | |