Dear Certification Candidate,

Welcome to the Pennsylvania Voluntary Fire Service Certification Program. The purpose of this manual is to provide you with information to successfully participate in certification testing. This manual outlines the pre-requisites, testing and application process, and provides you with a study guide reference list. Tests are conducted under the sanction and approval of the Pennsylvania Office of the State Fire Commissioner with accreditation granted by the National Board on Fire Service Professional Qualifications (National Pro-Board) and the International Fire Service Accreditation Congress (IFSAC)

In accordance with Act 61 of 1995, The State Fire Commissioner Act, the Office of the State Fire Commissioner is the certifying agency within the Commonwealth of Pennsylvania, and the Pennsylvania State Fire Academy is the administering agency. Any United States Citizen eighteen (18) years of age or older who resides in Pennsylvania may apply for consideration as a test candidate.

Good luck and thank you for participating in the Pennsylvania Voluntary Fire Service Certification Program.
**Application Process**

Upon obtaining an application from either the Office of the State Fire Commissioner (OSFC) website or an approved test site, the candidate must fill out the form, in full, and provide all required supporting documentation. The completed application and accompanying documents are to be submitted to an approved test site or PA State Fire Academy (PSFA). The test sites or PSFA will review and either accept or reject the application, based on deficiencies (i.e., lacks pre-requisites, no signatures, etc.).

The general testing process is as follows:
1. A candidate must submit a completed application including all supporting documents;
2. Upon approval of the application, a candidate takes the written and subsequently the skills tests (NOTE: the skills test cannot be taken before the written test);
3. Upon successfully completing the written and skills test and a review of the application for completeness by the test site and PSFA or Delegated Authority, the candidate can be certified for the level tested. If a candidate should not pass any part of the testing process, a retest can be administered and must be completed within one (1) year of the original test date.

**Application Pointers**
1. Make sure application is legible and check for completeness
2. Social Security Number: you have the option to provide the full nine (9) digits or just the last four (4) digits.
3. Complete Name is listed including suffix (Jr, Sr, III, etc.) NO nicknames please
4. Mailing Address includes street, apartment number, city, state and zip
5. All appropriate signatures are obtained and are in blue or black ink. Please note that Chief Officers may NOT sign for themselves where a Chief Officer signature is required, another Chief Officer must sign.
6. Legible copies of all pre-requisites must be attached and signed were applicable. NOTE, that copies should include both front and back copies where applicable. (i.e. CPR & Medical cards)
7. Make sure your Pre-Requisite Verification Form is appropriately marked off and signed in blue or black ink.

**Pre-requisites**

1. **Successful completion of Incident Command System Course**: The following are recognized courses:
   a) National Fire Academy, Incident Command System Course
   b) NIMS ICS for Fire Service
   c) Incident Command System and Resource Management for the Fire Service
   d) NIMS ICS for EMS
   e) NFA ICS 100 and 200 (Independent Study or Facilitated Courses)

2. **Firefighter II Certification** – You must be certified at the Firefighter II level.

3. **Fire Service Instructor I Certification** – You must be certified at the Fire Service Instructor I level.
4. **Hazardous Materials Training and/or Certification:** Candidates must be currently trained or certified at the First Responder Operations Level or higher in accordance with NFPA 472 "Standard for Professional Competence of Responders to Hazardous Materials Incidents". The following courses of instruction have been determined to meet this requirement.

Attach a copy of one of the following recognized certificates (Delmar or Jones & Bartlett curriculums).

- Hazardous Materials Operations Level, OR
- Hazardous Materials Operations Level Annual Refresher

*Training and/or Certification certificates must be dated within one (1) year of the date of application. If certification is greater than one (1) year you must show proof of completion of a current refresher training course.*

**Method:** Certification as Fire Officer I can be completed via two (2) options: open challenge or through an approved training program:

**Fire Officer I Certification via Training: (Course Completion)**
To certify by this method, you must have successfully completed a Fire Officer I course of instruction approved by the State Fire Academy within one (1) year of the date of this application. Completion of the course must be within the current edition of the NFPA 1021 standard being tested.

**Fire Officer I Certification via Challenge:**
If you are completing the Fire Officer I certification through the challenge process you will need to complete the application and practicum. Section VI details specifically what is required for the practicum. You will need to complete, assemble and submit all required documentation to the State Fire Academy for review. Your materials will be evaluated against the JPR’s of the NFPA 1021 Standard.

Materials used to complete each part shall be properly labeled in order as listed on the application. In accordance with our certification policy all materials submitted must be the candidates own original work.
Please refer to the Fire Officer I application OR the previous section of this document titled “Pre-Requisites” for a complete listing of approved courses that will be accepted to meet the pre-requisites.
Testing Policy

Written Test- The written test is randomly generated and consists of one hundred (100) questions. Candidates will have a maximum of two (2) hours to complete the examination. Passing scores for any written test is seventy percent (70%).

Skills Test - Must pass 100% of the skill stations offered.

Re-test Policy

Written Test
1. If you are unsuccessful you may retest a total of two (2) times and have one (1) year to complete the retest. You will need to contact the fire academy or a test site of your choice to schedule retest.

Skills Test
1. Must pass 100% of the skill stations offered.
   - If you are unsuccessful on three (3) or less skill stations, you may retest the same day. (only one retest per skill station);
   - If you are unsuccessful on four (4) or more skill stations, you may NOT retest the same day. Skill retests must be scheduled at a later time.
   - A total of eight (8) retest attempts are permitted and must complete in one (1) year to successfully complete the testing process.

Appeals

Within thirty (30) days of receipt of a failure notice, a candidate may request a review of his/her performance records by the State Fire Academy. Appeals must be in writing and in accordance with the policies and procedures of the Certification Program.

Send to: Pennsylvania State Fire Academy
        Attn: Certification Program Manager
        1150 Riverside Drive
        Lewistown, PA 17044
Accommodations

The Pennsylvania Fire Service Voluntary Certification Program offers reasonable accommodations for the written certification exams for individuals with documented disabilities. Only written requests for accommodations for certification examinations are reviewed and each request is reviewed on a case-by-case basis. Requests must be submitted on the Accommodation Request form. The Pennsylvania Fire Service Voluntary Certification Program provides written notification of its decision to the candidate upon completion of its review and the review by legal counsel of the request for accommodation.

The “Accommodation Request” form is located on page 8 of this manual or is available from the Pennsylvania State Fire Academy and test site coordinators. Please contact the Certification Program Manager for further information. The candidate who is requesting an accommodation must complete the request form at the time of application submission or as soon as the need for an accommodation is recognized. All requests must be made prior to the scheduled date of the examination. Any request for accommodation not submitted at least twenty (20) working days prior to the scheduled examination will result in a delay in the candidate’s date of examination.

Documentation of a specific disability which would impact a candidate’s performance on the written examination must be current (within five (5) years of the date of application). Such documentation should include a signed explanation on letterhead stationary from a professional who is familiar with the applicant’s disability or a copy of an Individual Education Plan (IEP) from an educational institution. See below comment.

The statement must confirm and describe the disability for which the accommodation is requested. The professional must have expertise in the specific disability for which the accommodation is being requested.
Request for Accommodation Form

Name of Candidate: ______________________________________________________________

Last Name     First Name     Middle

Address of Candidate: ______________________________________________________________

Telephone Number (area code): ________________

(Please list a number you can be reached during daylight hours 8am – 4pm)

County of Residence: ________________ Email Address: _____________________________

Certification Level Requesting Accommodation for: ______________ Date of Test: __________

Test Site to which you have submitted your application: ______________________

I have reviewed the NFPA job performance requirements for the level of certification I am seeking and request the following accommodation due to my disability related needs:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I have attached a statement on letterhead stationary from a professional who is familiar with my disability. I understand that the professional must have expertise in the specific disability for which I am seeking an accommodation for and the statement must confirm and describe the disability for which the accommodation is requested. Statement is signed by the professional.

_____ I am submitting a copy of an IEP (Individual Education Plan) which I have obtained from my educational institution.

__________________________________________ Date

Signature of individual Completing this form

Printed or type name of the individual completing this form

Return this form to: Pennsylvania State Fire Academy
                   Attn: Certification Program Manager
                   1150 Riverside Drive
                   Lewistown, PA 17044
                   (717) 248-1115
**Recertification**
In the Commonwealth of Pennsylvania, certification is a voluntary process; currently there is no requirement for recertification. Issuance of a certificate indicates the candidate has successfully passed the certification test. The certificate issued indicates that the candidate was certified based on the edition and year of the standard under which the candidate certified. Furthermore, issuance of a certification certificate does not imply nor guarantee any indication of future performance as a result of the testing process.

**Safety Policy**
A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

For the safety and protection of all participants all equipment and Personal Protective Equipment (PPE) being used for testing must meet the NFPA standard at the time of manufacturing. PPE will be inspected prior to being used for testing.

The facial hair policy directs that a candidate with facial hair that interferes with the operation or use of a Self-Contained Breathing Apparatus (SCBA) will not be permitted to participate in a testing process that requires the use of a SCBA.

**Test Results/Release of Results**
The Office of the State Fire Commissioner/PA State Fire Academy notifies candidates of their results in writing via US Mail. Only pass/fail grades are given.

In accordance with the Federal Education Records and Privacy Act (FERPA) of 1974 which is a federal law that established a minimum standard for the protection of records requires prior consent of a person before any records or other personally identifiable information can be released. In the event a third party request test results of a candidate a Consent to Release Information form will need to be completed and signed by the candidate that the third party is requesting results for.

**No show policy**
If a candidate is accepted for testing and fails to show up for testing without an acceptable reason the test site has the right to enforce their no show policy that could include but is not limited to suspension from testing for identified period of time and/or financial penalties.

**Professional Testing Integrity and Dishonesty**
Professional testing dishonesty includes, but is not limited to, cheating, plagiarizing, facilitating acts of testing dishonesty by others, having unauthorized possession of examinations, submitting work of another person. Any instances of testing dishonesty will constitute disciplinary and/or legal actions. All certification candidates shall act with personal integrity, respect others rights and property, and help maintain a professional environment in which all can be successful.

Test Site Coordinators, Assistant Coordinators, Test Proctors, Evaluators and Instructors should take reasonable steps to anticipate and deter acts of dishonesty, reinforce integrity and support appropriate behavior to protect the rights and trust of honest candidates. At the beginning of each testing process, it is
the responsibility of those mentioned above to provide test candidates with the “Testing Integrity and Dishonesty” policy and clarify any questions that arise.

**Falsification of Documents**
Any individual that is found to have forged; altered or falsified documentation for the purpose of certification testing will be indefinitely suspended from participating in any certification exam within the Commonwealth of Pennsylvania. Further action may be taken in accordance with the Pennsylvania Crimes Code 18 Pa C.S. 4904, relating to unsworn falsifications.

**Cheating on Test**
All candidates are expected to work entirely on his/her own while taking any exam. Violations of testing integrity shall consist of any attempt to receive assistance from written or printed aids unless provided by the test proctor for the purpose of a specific test, or any persons, papers or electronic devices, or of any attempt to give assistance

**Document Integrity**
Certification candidates are expected to complete any and all work individually. Any materials obtained from other sources such as plot plans, web maps, etc. a source reference must be given. All essay answers must be the candidate own work.

**Study Reference List**
The following is a list of text that may be reference in preparation for testing.

1. NFPA 1021, Standard for Fire Officer Professional Qualifications, 2009 Edition
2. Delmar, Company Officer, 2nd Edition
3. IFSTA, Fire and Emergency Services Company Officer, 4th Edition, 1st Printing
5. Jones & Bartlett, National Incident Management System, Principles and Practice
7. Skill Sheets are available on the OSFC website [www.osfc.state.pa.us](http://www.osfc.state.pa.us)

**Additional Information:**
1. Application should be to the test site at least by their established deadline or no later than 3 weeks prior to the test date.
2. Please contact the test site of your choice to receive information about fees for testing
3. Photo ID is required at the time of the written and skills testing

Certification applications and skill sheets as well as a testing schedule and test sites contact information can be found at [www.osfc.state.pa.us](http://www.osfc.state.pa.us). Click on the Certification link on the left hand side of the screen. A page will open with information about the certification program and process. At the end of that page you will find several other links for the certification applications, skill sheets, test schedules and test site contact information.
If you have any additional questions or concerns about the testing process please contact the test site coordinator at the site in which you applied to be tested at or the PA State Fire Academy Certification Program Staff.
Fire Officer I
Guide 1
Skill Sheets A, B, C
Emergency Incident
Non-Emergency Incident
Directing a Training Evolution
Skill Station A- Emergency Incident; JPR 4.1.1, 4.1.2, 4.2.1, 4.6.2, 4.6.3

This skill will be evaluated in person during scheduled test time. Candidates will be given an emergency scenario involving a fire at a single family dwelling. Candidates will use a tactical work sheet to document the scenario/evolution.

Skill Station B- Non-Emergency Incident; JPR 4.1.1, 4.1.2, 4.2.2, 4.2.6, 4.6.3

This skill will be evaluated in person during scheduled test time. Candidates will be given a non-emergency scenario in regards to a specific work detail.

Skill Station C- Directing a Training Evolution; JPR 4.1.1, 4.1.2, 4.2.3, 4.7.1

This skill will be evaluated in person during scheduled test time. Candidate will be given a training evolution to conduct a training session in their own dept.
**FIRE DEPARTMENT TACTICAL WORK SHEET**

**STAGING/RESOURCES**

- [ ] Electric
- [ ] Gas

- [ ] Water
- [ ] Secondary Search
- [ ] Primary Search
- [ ] Search/Rescue
- [ ] FireSpread (Vent.)
- [ ] Horz.
- [ ] Vert.

**Weather:**
- Wind Speed: _______
- Direction: _______
- Humidity: _______
- Temp.: _______

**Alarm Time:** _______
**Elapsed Time:**
- [ ] 10 min.
- [ ] 20 min.
- [ ] 30 min.

**Incident Location/Address:**
**Command Post Location:**
**Firefighting Mode:**
- [ ] Offensive
- [ ] Defensive

**Utilities:**
- [ ] Electric
- [ ] Gas
- [ ] Water

**VICTIMS**
- White: _______
- Gray: _______
- Red: _______
- Blue: _______
- Green: _______

**EMS**
- [ ] _______
- [ ] _______
- [ ] _______
- [ ] _______
- [ ] _______
- [ ] _______

**GROUP/DIVISION**

**ASSIGNMENTS**

**LOCATION**
**Radio Channel**
**Units Assigned**
Fire Officer I
Guide 2
Skill Sheet D
Personnel Policy Action
Personnel Policy Action

The candidate will review the following scenario and write a memo to their supervisor identifying and documenting situation and what was done about it. Memo should make reference to the appropriate policies and procedures and how they were applied by the candidate. The memo can be written on the supplied form or on your agency’s letterhead.

Task:
Given a situation requiring action, a member with a situation requiring assistance and the member assistance policies, the candidate will apply human resource policies and procedures as well as recommend action for member related problems level in accordance with the current NFPA 1021 standard and so that the policies and procedures are followed, the situation is identified and the actions taken are within the established policies and procedures.

NOTE: Please check your work against skill sheet D to ensure you have completed the tasks required

Report of Injury Scenario:
Firefighter Ben Smith has arrived and gone on duty as scheduled. While you are conducting the morning truck check you notice that Ben appears to be under the influence of alcohol. When you question him, he claims that he was at a party last night and someone spilled an alcoholic drink on him and he hasn’t had time to shower. What do you do?
The following list of directives along with the PFD Way represents the philosophy and conduct standards for members of the Phoenix Fire Department. The basis for these regulations is the following policy:

Every Member of the Phoenix Fire department is expected to operate in a highly self-disciplined manner and is responsible to regulate his/her own conduct in a positive manner, and in a productive and mature way. Failure to do so will result in disciplinary action ranging from counseling to dismissal.

**All Members Shall:**
1. Follow Operation Manuals and written directives of both the Phoenix Fire Department and the City of Phoenix
2. Use their training and capabilities to protect the public at all times, both on and off duty.
3. Work competently in their positions to cause all department programs to operate effectively
4. Always conduct themselves to reflect credit on the Department
5. Supervisor will manage in an effective, considerate manner and subordinates will follow instructions in a positive, cooperative manner
6. Always conduct themselves in a manner that creates good order, inside the Department
7. Keep themselves informed to do their jobs effectively
8. Be concerned and protective of each member’s welfare
9. Operate safely and use good judgment
10. Keep themselves physically fit
11. Observe the work hours of their position
12. Obey the law
13. Be careful of Department equipment and property

**Members Shall Not:**
1. Engage in any activity that is detrimental to the Department
2. Engage in a conflict of interest to the Department or use their position with the department for personal gain or influence.
3. Fight
4. Abuse their sick leave
5. Steal
6. Use alcoholic beverages, debilitating drugs, or any substance which could impair their physical or mental capacities while on duty
7. Engage in any sexual activity while on duty
Employee Discipline MP 102.05  06/94-R

Purpose

Phoenix Fire Department members are required to conduct themselves in a highly self-disciplined manner, obeying the City of Phoenix Personnel Rules and Policies, Fire Department rules of Conduct (MP 102.01) and Departmental Standard Operating Procedures. In situations where members do not adhere to these expectations, supervisors will take the necessary action to correct the problem.

This procedure will guide Phoenix Fire Department supervisors in dealing with disciplinary problems, which they encounter. For additional information, the Supervisor’s Manual, published by the City of Phoenix Personnel Department, should be consulted. If supervisors have any questions concerning employee discipline, they should be directed to the Department’s Personnel Section.

General Information

It is the policy of the Fire Department that supervisors administer discipline in a corrective, progressive and lawful manner.

Corrective in the sense that the supervisor and member come to an understanding about the causes and/or reasons for a member’s deficiencies, correct those deficiencies, and restore the member to a productive and positive employment status.

Progressive in that discipline will normally begin with a verbal reprimand or warning and, when circumstances of separate or related incidents warrant, proceed to written reprimand(s), suspension without pay, demotion, and finally to dismissal. An incident of misconduct may require any of these forms of disciplinary action whether or not a lesser form has preceded that action. This would depend upon the severity of the offense.

Lawful in that discipline and the procedure by which it is administered does not violate City Personnel Rules or Administrative Regulations, Departmental Rules of Conduct, the Memorandum of Understanding between the City and the Union, Departmental Standard Operating Procedures, or the member’s constitutional rights.

The principal objective of disciplinary action is to improve (or correct) performance, efficiency and morale of the member receiving discipline as well as that of the Department. Disciplinary proceedings and the results thereof are confidential. The supervisor is responsible for maintaining this confidentiality. All media inquiries pertaining to disciplinary actions shall be directed to the Fire Chief, Personnel Chief, or the Assistant to the Fire chief of Corporate communications. Contents of a reprimand or separation notice are public record and subject to disclosure.

Supervisors should keep in mind that all disciplinary actions imposed are reviewed by their superiors, as well as being subject to either the grievance process of Civil Service appeal. It is mandatory that supervisors seek support from their superiors prior to taking disciplinary action, and feel comfortable that they can support their actions in a formal review or appeal process. Support from supervisors is extremely important when disciplinary action beyond a verbal reprimand is being considered. The Department Personnel Section, upon request of the supervisor, is available to provide staff support and guidance in any disciplinary action. Also,
the Director of Training shall be notified of all disciplinary action involving a probationary Firefighter or Firefighter Trainee.

**Employee Assistance Program**

Occasionally, supervisors will be approached by members who are having personal problems and require assistance. Many times just listening and helping the member reason through the problem will be all that is needed. Other times, particularly with serious alcohol, drug, stress, marital or financial problems, and the member may require professional assistance. This help is available through the Employee Assistance Program (Ref. MP 105.01A) Supervisors must be aware that when a member’s personal problems involve violations of City or Departmental Rules or Policies, disciplinary action may be necessary in addition to entering the Employee Assistance Program.

**Union Representative**

Employees who are members of bargaining units have the right to union representation in disciplinary actions if they so choose. The presence of a Union Representative will require a not unit supervisor to become involved. If the second level of supervision (or above) is directly involved in the disciplinary action and/or investigation of a member represented by Local 493, the right of Union representation will be told directly to the member. When a member requests not to be represented by the Union in a disciplinary action and/or investigation, that request will be honored and documented.

**Legal Representation**

Supervisors MAY allow legal counsel for the member in disciplinary actions resulting from alleged criminal activity. The Legal Counsel’s function would be to advise the member, not to answer for him or her.

**Programs for Improving Job Performance**

In most cases minor job performance problems can be resolved by the supervisor bringing the problem to the attention of the employee, and the employee making the proper modification in his/her performance. When a serious job performance problem is identified, the supervisor must decide whether to solve it though:

- Training
- Employee Assistance Services
- Non-Disciplinary counseling, or
- Disciplinary Action

Each situation will be considered separately, and it will be the supervisor’s responsibility to make a determination as to the best course of action to take to resolve the situation.

If the situation is determined to be a training problem, a program for improvement will be developed for the member. This may best be accomplished through the use of an Employee Performance Appraisal Report. If a scheduled rating is used, the appropriate section, or sections, on the forms must be rated. If it is unscheduled, only the areas of the appropriate section or sections, which are unsatisfactory or require improvement, are rated.
When utilizing the Employee Performance Appraisal Report to prepare a program for improvement, attachments must be included that clearly identify the member’s problem area(s). These attachments must include measurable objectives for improvement. The program must also indicate a reasonable time frame within which the objectives are to be met. At the completion of the evaluation period, if the member’s performance has been corrected, another Employee Appraisal Report should be completed indicating compliance with standards in all areas. If the member’s performance has not improved sufficiently, the situation should be dealt with as a disciplinary problem.

**Investigative Process**

Any accusation of misconduct or complaint involving Fire Department members shall be thoroughly investigated before formal action is taken. The investigation is a fact finding process and supervisors must be cautioned not to make judgments until a thorough investigation is concluded.

For accusations and complaints of serious on-duty misconduct and investigative report must be completed. Accusation of complaints of criminal misconduct will be assigned by the Personnel Chief to the Performance Auditing Section for investigation. Exceptions to this are some misdemeanor infractions of the law, which will be investigated by the appropriate supervisor. The Fire chief, with approval of the City Manager, has the discretion to suspend the employee (with pay), or reassign an employee pending the outcome of the investigation.

When a supervisor prepares an investigative report, it must include the following information before it will be considered complete:

**Summary of the Incident** – should answer the questions: Who, What, Where, when and How? In a criminal situation, a Summary of the Police Report will be requested through the Performance Auditing Section.

**Interviews Conducted** – this must include the interviewee, rank and assignment, date, time, location, those present, and the information discussed. If possible, a signed statement by the interviewee should also be obtained. When an accused member is being interviewed, and the complaint is of a criminal nature, the member shall be advised that:

- He/she has the right to Union representation
- The questions asked will be narrowly and specifically related to employment issues
- Statements will not be used against the member in criminal proceedings. If a subpoena is received for any of the information contained in the investigation, the City of Phoenix will use all legal resources available to quash the subpoena
- Failure to cooperate is a violation of Personnel Rule 21B16 and serves as a separate basis for disciplinary action, including dismissal

**Employee History** – This is a summary of commendations, performance rating, and previous disciplinary actions concerning the employee. The Departmental Personnel file and the District File shall be reviewed. If the investigation involves criminal activity, a “Background check” must be requested through the Performance ‘auditing Section.
Conclusion— from the information available, the supervisor must make a determination of responsibility. Extenuating circumstances may be discussed in this section

Recommendations— state the recommended disciplinary action or alternate course of action, if any

Attachments— relevant documents that the supervisor feels should be a part of the investigative report. The completed report shall be forwarded to the Fire Department Personnel chief via the appropriate Division Head. The investigative report is CONFIDENTIAL and for administrative use only. Care will be taken to maintain the confidentiality of the report.

Questions concerning legal issues pertaining to administrative investigations should be directed to the Fire Department Personnel Section. Following are legal issues that supervisor should keep in mind when conducting administrative investigations:

- A member may be compelled by supervisors to answer questions that are related to his/her duties or fitness for duty. Failure to answer such questions completely and truthfully may form the basis for disciplinary action, including dismissal. A member under investigation should be so advised prior to an administrative interview. In an investigation involving a criminal matter, the member should be advised of the following:
  - He/she has the right to Union Representation
  - The questions asked will be narrowly and specifically related to employment issues
  - Statements will not be used against a member in criminal proceedings. If a subpoena is received for any of the information contained in the investigation, the City of Phoenix will use all legal resources available to quash the subpoena.
  - Failure to cooperate is violation of Personnel Rule 21B16 and serves as a separate basis for disciplinary actions, including dismissal
  - If an attorney is permitted, and the matter is of a criminal nature, the attorney’s function is to advise the member, not to answer for him/her
  - Lockers, desks, etc., furnished by the Department for the use of members are subject to inspection and if reasonable grounds for suspicion exist, may be searched by supervisors without a search warrant. Items found may be used in a disciplinary proceeding
  - If reasonable ground for suspicion exists, a member may be required by supervisors to submit to blood or urine test to determine whether he/she is under the influence of alcohol, drugs or controlled substances while on duty. These tests must be performed under medical supervision

Suspected On-Duty Substance Abuse

Reporting for work under the influence of alcohol or drugs, or any substance which impairs any employee’s mental or physical capacity, will not be tolerated. The unauthorized use, sale, purchase or possession of alcohol or controlled substances at the work site is prohibited and shall be grounds for discipline up to and including dismissal. When there exist reasonable grounds to believe that the employee is under the influence of alcohol or drugs, the supervisor may direct the employee to submit to a drug screening and /or blood alcohol test. Refusal to submit to such test will subject the employee to disciplinary action up to and including dismissal Any employee using medication or prescribed drugs which may impair job performance shall report this fact to his/her supervisor.
**Supervisory Responsibilities** – If a supervisor has reasonable grounds to believe that an employee is under the influence of alcohol or drugs when reporting for work or during the work shift, the supervisor has the obligation to verify the employee’s condition and relieve the employee of his/her duties. The second level supervisor must be notified of the situation and must respond to the workstation. A union representative shall be contacted to respond in case the employee requests representation.

The possibility of liability to the City and to the supervisor exists if an employee who is under the influence of alcohol or drugs is allowed to remain working, to operate or drive vehicles or equipment on the job, or to drive a private vehicle form the work site. An employee who is believed to be under the influence of alcohol or drugs must not be allowed to operate or drive a vehicle, including a private vehicle, until the condition of the employee has been determined.

**Observation** – If a supervisor observes and employee who seems to be under the influence of alcohol or drugs, he/she should, if practical, seek the opinion of the least one additional supervisor. Reasonable grounds should exist before requesting the employee to take a drug screening and/or blood alcohol test. Reasonable grounds would include a combination of various factors such as slurred speech, red eyes, dilated pupils, incoherence, unsteadiness of feet, smell of alcohol or marijuana emanating form the employee’s body, inability to carry on a rational conversation increasing carelessness, erratic behavior, inability to perform the job, other unexplained behavioral change, etc. the supervisor shall document these observations in writing. A copy of this document will b provided to the employee upon request.

**Referral for Testing** – if the supervisor determines that reasonable suspicion of impairment exists, the employee should be directed to accompany the supervisor to the O.M.P. facility at 1551 West Van Buren during the hours of 8am to 5pm. After hours 5pm to 8am employees can be taken to O.M.C. Airport Urgent Care 2502 East Washington Street for drug screening or blood alcohol test to determine fitness for duty. All required releases and/or forms will be filled out and signed by the employee at O.M.C before a sample is obtained. The employee should be informed that tests will be conducted on City time, paid for by the City, and are part of his/her job responsibilities. The employee should be informed that refusal to take a drug screening and/or blood alcohol test or sign a release of information form may face disciplinary action up to and including dismissal.

A drug screening or blood alcohol test found to be positive would be verified by an additional test. O.M.C. will ensure adequate chain of custody for sample collection and testing. Upon request, a separate sample will be provided to the employee for independent testing at his/her expenses.

**Test Results** – Employees who test positive or refuse the test of release or refuse the release of information shall be considered unfit for work and will be relieved from duty that day. The employee should not be allowed to drive to the hospital or home. If the employee submits to the test and signs the release of information, he/she will be placed on paid leave or “city business” until the status of the tests and the circumstances surrounding the impairment are determined.

**Determining the Proper Disciplinary Action** – After an incident or complaint has been thoroughly investigated and the need for disciplinary action determined, the supervisor must make a decision concerning the action that would be most effective. Factors to be considered in making the decision are:

- Seriousness of the offence
- Member’s past history with the Department
Past practice of the Phoenix Fire Department in dealing with similar offenses (Supervisors may have to consult the Fire Department Personnel Section for this information).

Consistency is critical to any disciplinary system. Although disciplinary action for the same offenses should be “similar,” the final decision to determine the exact action will be made after considering the factors previously listed, and applying them to the particular situations.

**Supervisory Counseling**

**Verbal** – This is the most often used and least severe of the formal group of corrective actions. It is, simply stated, a verbal warning. When properly administered, it serves to notify employees that certain behaviors or performance deficiencies need changing/improving or that discipline will take place. The supervisor should keep notes of the counseling session for future reference and guidance. Notes or records should be placed in the supervisor’s file.

**Written** – A supervisor may elect to document with a memo of counseling. This memo of counseling may be placed in the Employee’s District or Personnel File

**The Written Reprimand**

Supervisors may elect to use formal written reprimands to document a repeat offense of a minor infraction, or a more serious single infraction for which suspension; demotions or dismissal is not appropriate. The form used for issuing a formal written reprimand is:

The City of Phoenix Written Reprimand (form 1408D Revised 4/91). When the supervisor decides to issue a formal written reprimand he/she will prepare a Written Reprimand Form. The distribution of the document is the white copy to the employee and the canary and pink copy are forwarded to the Personnel Control Officer for inclusion in member’s department personnel file and City personnel file. In a case involving the performance of probationary firefighter, a photocopy of the document is forwarded to the Director of Training.

**Preparation of Memos of Counseling and Written Reprimands**

A memo of counseling documenting a verbal reprimand or formal written or reprimand is both addressed from the supervisor to the member. These documents should be written as if the member were being told the information in a conversation with the supervisor. The following must be included in these documents;

- The date of preparation
- A description of the incident
- The rule(s) and/or policy violation
- An explanation of what is expected 4d of the member in the future, written as a clearly stated objective
- The disposition of the document
- A review date for possible removal from his/her personnel file in accordance with P 10511
- The signature of both supervisors and the member, as an indication that the employee understands (Not necessarily that he/she agrees) the contents of the document and has received a copy
If member refuses to sign a formal written reprimand the supervisor must obtain a witness signature on the document indicating that refusal. The document is then forwarded as previously described. A member’s refusal to sign is not a ground for separate disciplinary action.

If, as a result of the disciplinary action, a formal grievance is filed, the Department will be represented in the grievance hearing by the appropriate Division Head or a designated representative. A date for review or a time at which the member may request the removal of the document from the Personnel file may be indicated. For information relating to removal of documents, see MP 105.11 “Removal of Documentation from Personnel Files”

**Suspension, Demotion or Dismissal**

Suspensions, demotions and dismissals are utilized as punitive, yet corrective measures taken for numerous repeated incidents of rule infractions or a single major infraction by a member. It is the responsibility of the supervisor to stabilize a situation in which immediate action is necessary. This may require relieving the member from duty (with pay) until a decision is made concerning the official action to be taken. Supervisors should not commit themselves to a particular form of disciplinary action prematurely.

The Fire chief will make the final decision concerning suspensions, demotions or dismissal. This will ensure the consistency of serious discipline administered throughout the Department. When the final decision is made concerning the proper course of action, a Discipline Notice (form #60-21 Revised 1/91) will be prepared by the Personnel Section and disciplinary action will be administered.

Any suspension, demotion or dismissal is subject to appeal to the Civil Service board within fourteen (14) days of service of notice or twenty-one (21) days from the date of certified mailing. If a formal appeal is filed, the Department will be represented in the Civil Service Hearing by the appropriate Division Head or a designated representative. The Department Personnel Section will furnish staff assistance.
Fire Officer I
Guide 3
Skill Sheet E
Community Relations Concerns & Inquires
Community Relations Concerns and Inquires

The candidate will be provided with a scenario describing a citizen’s inquiry. The candidate will complete the forms and any other additional narrative to document the citizen concern or inquiry according to the authority having jurisdiction. Please use any additional papers that may be required. It is recommended that the forms be typed.

Task:
Given policies and procedures, an inquiry from a citizen about a concern, and a forms and record management system the candidate will respond to the inquiry and initiate action on public concern and will execute the necessary paperwork in conjunction with this routine unit-level administrative function level in accordance with the current NFPA 1021 standard and the following items are addressed:

1. The inquiry is answered accurately and courteously
2. The concern is answered or referred to the appropriate individual for action
3. All policies and procedures are complied with and all action is in accordance with policies and procedures
4. All reports and logs are complete and files are maintained in accordance with policies and procedures

NOTE: Please check your work against skill sheet E to ensure you have completed the tasks required

Scenario:
On a sunny afternoon in March, Captain Krunch comes into the fire station and asks if it would be possible to set up a day and time for someone from the department to come to help him do a fire safety check of his cereal factory.
Community Relations – Safety Inspection Request

Date of Requested Visit: ____________________________________________________________

Address and Type of Occupancy: ___________________________________________________

________________________________________________________________________________

List any special concerns: ________________________________________________________

________________________________________________________________________________

Contact Person – Name and Telephone Number as well as an alternate phone number:

________________________________________________________________________________

Best Day/Times for Visit: _________________________________________________________

________________________________________________________________________________

Other Information: ______________________________________________________________

________________________________________________________________________________

___________________________________  ________________________________________  
Person Taking Request (Print)                      Signature                      Date

Date Request Filed: ____________________________
Community Relations – Candidate Responses

How was the paper work initiated? ______________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

How is the paper work filled in? ______________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What is the flow of the paper work after completion, including additional copies and filing?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
**DAILY STATION LOG REPORT**

**Date:** | **Station:** | **Shift:**
---|---|---

### Activity Log:

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Time</th>
<th>End Time</th>
<th>Description / Comments</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Incident Responses:

<table>
<thead>
<tr>
<th>Alarm #</th>
<th>Time Out</th>
<th>Time In</th>
<th>Incident Type</th>
<th>Incident Location</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Correspondence Log:

<table>
<thead>
<tr>
<th>Type</th>
<th>Message / Request</th>
<th>Time Received</th>
<th>Action Taken</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Candidate Signature: ___________________________ Date: __________________

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Fire Officer I
Guide 4
Skill Sheet F
Personnel Policy Implementation
Personnel Policy Implementation

The candidate will review the attached departmental personnel policy or use a policy from their own agency. After review, the candidate will explain in writing how they would go about implementing this policy, communicating it to members and how candidate would be sure all of the members understood the policy.

Task: Given a new departmental personnel policy, the candidate will implement the policy at the unit level in accordance with the current NFPA 1021.

Sexual Harassment Policy

Purpose
The Anytown Emergency Services Training Center assumes an affirmative posture to prevent and eliminate sexual harassment in any work unit or educational experience by any faculty employee, or student. It is the policy of the emergency service training center that any practice or behavior that constitutes sexual harassment will not be tolerated. Sexual harassment may involve the behavior of a person of either sex against a person of the opposite sex or same sex, when that behavior falls within the definition outlined below.

Definition
Sexual harassment of employees and students at Anytown Emergency Services Training Center is defined as any unwelcome sexual advances, request for sexual favors or other verbal or physical conduct of a sexual nature, when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual’s employment
- Submission to or rejection of such conduct is used as the basis for employment decisions affecting that individual

Such conduct has the purpose of effect of unreasonably interfering with an individual’s work performance or educational experience, or creates an intimidating, hostile, or offensive work or educational environment.

Such conduct includes, but is not limited to:
1. verbal harassment or abuse
2. subtle pressure for sexual activity
3. sexist remarks about a person’s clothing, body or sexual activities
4. unnecessary touching
5. leering at or ogling of a person’s body
6. constant brushing of another person’s body
7. demanding sexual favors accompanied by implied or overt threats
8. physical assault
**Resolve**

Anyone who feels that he/she has been sexually harassed under the definition presented herein and wishes additional information or assistance in filing a complaint should contact the Director, who is the Anytown Equal Opportunity employment officer at telephone (555) 555-5555.
Fire Officer I
Guide 5
Skill Sheet G
Inspection & Investigation Cause Determination
Inspection & Investigation; Cause Determination

The candidate will be provided with a descriptive scenario and a simulated fire scene. The candidate will then demonstrate the appropriate methods of securing the fire scene. Once accomplished, the candidate will then demonstrate the appropriate method for preserving evidence according to the authority having jurisdiction.

Task: Given a fire incident, rope or barrier tape, observations and interviews of first arriving members and other individuals involved in the incident, the candidate will secure an incident scene and evaluate available information to determine a preliminary fire cause in accordance with the current NFPA 1021 standard.

NOTE: Please check your work against skill sheet G to ensure you have completed the tasks required
Candidate Work Sheet

Discarded Container:

Witnesses: ___________________________  ___________________________
            ___________________________

During Suppression Activities:

<table>
<thead>
<tr>
<th>Unusual colors or odors:</th>
<th>Abnormal fire behavior:</th>
<th>Empty structures:</th>
<th>Obstacles hindering suppression:</th>
<th>Structural alterations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

After Extinguishment:

<table>
<thead>
<tr>
<th>Maintain scene security</th>
<th>Document all events and personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Support Services:

<table>
<thead>
<tr>
<th>Police</th>
<th>Detained anyone for questioning</th>
<th>EMS</th>
<th>Treatment on scene or hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key Holder

<table>
<thead>
<tr>
<th>Person(s) in structure at time of incident:</th>
<th>What were they doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where were they doing it?</th>
<th>Persons arriving after incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Contractors

<table>
<thead>
<tr>
<th>Was any work being done on structure, or had any work just been completed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Narrative:_______________________________________________________________
|________________________________________________________________________|
|________________________________________________________________________|
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|________________________________________________________________________|
Fire Officer I
Guide 6
Skill Sheet H
Pre-Plan
Pre-Plan

Using your department forms, or provided forms, prepare a preplan for a local multifamily dwelling or commercial building which includes a plot plan and floor plan and any other significant information.

**Task:** Given an assigned facility, pre-planning policies and procedures, forms and size-up information for an incident and assigned emergency response resources the candidate will develop a pre-incident plan in accordance with the current NFPA 1021 standard.

**NOTE:** Please check your work against skill sheet H to ensure you have completed the tasks required
PRE-INCIDENT PLANNING FORM OF TARGET BUILDING, Page 1 of 3

Building Name: ___________________________  Occupant: ___________________________
Address: __________________________________ City, State, Zip: _______________________
Owner Name: ______________________________ Owner Phone #: ________________________
Primary Entrance/Side: ____________________ Forcible Entry Points: _______________________
Secondary Entrance/Side: ___________________ Key Box Location: _________________________

BUILDING INFORMATION (DATA)

Type of Occupancy: _________________________ Processes: ________________________________
- Assembly
- Business
- Education
- Factory
- High-Hazard
- Institution
- Mercantile
- Residential
- Storage
- Multi-Occupancy

Population During Business Hours: __________________ Population After Hours: ___________________

Special Population Targets and Locations: __________________________________________________

Salvage Targets & Locations: _____________________________________________________________

Hazardous Materials:  
- Yes
- No
- N/A

SARA (Tier II) Facility:  
- Yes
- No
- N/A

Chemical Inventory List Provided:  
- Yes
- No
- If No, Location: _____________________________

<table>
<thead>
<tr>
<th>CHEMICAL NAME (List 3 of the Highest Hazard Potentials)</th>
<th>UN#</th>
<th>QUANTITY (lbs./gals)</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

HAZARDOUS MATERIALS

Building Construction

Type of Construction: __________________________
- Type I
- Type II
- Type III
- Type IV
- Type V

Dimensions: Length _________ ft.  Width _________ ft.  Total Sq. Ft. _______

Number of stories: Above Ground____  Below Ground____  Approximate Height: _______ ft.

Construction Details:

Wall Construction:  
- Wood
- Metal
- Concrete
- Masonry (Brick / Block)
- Other: ___________________________

Floor Construction:  
- Truss (Yes/No)
- Lightweight Construction
- Wood
- Concrete
- Metal
- Other: __________________________

Roof Construction:  
- Truss (Yes/No)
- Lightweight Construction
- Wood
- Metal
- Concrete
- Other: __________________________

Roof Type:  
- Pitched
- Shed
- Flat
- Mansard
- Gambrel
- Hip
- Lantern
- Other: ___________________________

Wall Covering:  
- Sheetrock (Drywall)
- Plastic
- Wood / Paneling
- Ceramic Tile
- Masonry
- Other: ___________________________

Floor Decking:  
- Wood
- Concrete
- Ceramic Tile
- Metal
- Other: __________________________

Roof Covering:  
- Wood Shingles
- Tile (clay, slate, cement)
- Composite Shingles (asphalt)
- Metal
- Build Up (rubber)
- Other: __________________________

Basement:  
- Full dimensions of building
- Partial
- If partial, Side ___________________________  N/A

Basement Access:  
- Interior: Side____  Exterior: Side____  N/A

Crawl Space Access:  
- Interior: Side____  Exterior: Side____  N/A

Feb 2017
Number of Stairways, Type & Locations: _____________________________________________________________

Number of Elevator(s): __________ □ N/A Elevator Key Location: ________________________________

Elevator # ___________________________ ___________________________ ___________________________

Floors Served ___________________________ ___________________________ ___________________________

Elevator Mach. Room ___________________________ ___________________________ ___________________________

Other Vertical Openings, Type & Locations: __________________________________________________________

Heating System: □ Electric □ Natural Gas (LNG) □ LPG □ Oil □ Combination Gas/Oil □ Other: __________

Emergency Shut-Off: Division # _______ Side ____ Roof Level __ Mechanical Equip. Room: ________________

□ Within Room □ Area □ On-Unit □ Side: ______

System Inspected: □ Yes □ No Safely Arranged □ Yes □ No Area Clear of Obstructions □ Yes □ No

FIREGROUND EXPOSURES

<table>
<thead>
<tr>
<th>Side-A (address)</th>
<th>Distance (ft.)</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Side-B (left)</th>
<th>Distance (ft.)</th>
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<table>
<thead>
<tr>
<th>Side-C (rear)</th>
<th>Distance (ft.)</th>
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</table>

<table>
<thead>
<tr>
<th>Side-D (right)</th>
<th>Distance (ft.)</th>
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<tbody>
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</tbody>
</table>

BUILDING UTILITIES

<table>
<thead>
<tr>
<th>Utility</th>
<th>Utility Main Shut-Offs Locations</th>
<th>Supplier</th>
<th>Contact Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric</td>
<td>Division # _____ Side ____ □ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Generator</td>
<td>Division # _____ Side ____ □ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>Division # _____ Side ____ □ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas/LPG/Oil</td>
<td>Division # _____ Side ____ □ N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative Energy</td>
<td>Division # _____ Side ____ □ N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WATER SUPPLY

<table>
<thead>
<tr>
<th>Hydrant(s)</th>
<th>Primary Location: ___________________________</th>
<th>Capacity (GPM): __________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary Location: __________________________</td>
<td>Capacity (GPM): __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural Area</th>
<th>Main drafting water supply: Lake Pond River Pool Other __________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drafting Location: ___________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Private</th>
<th>Type: ___________________________</th>
<th>Location: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type: ___________________________</td>
<td>Location: ___________________________</td>
</tr>
</tbody>
</table>

BUILDING FIRE PROTECTION SYSTEM

<table>
<thead>
<tr>
<th>Fire Alarm System:</th>
<th>Yes □ No</th>
<th>System Operational:</th>
<th>Yes □ No</th>
<th>Monitored System:</th>
<th>Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detector Types:</td>
<td>None □ Smoke □ Combination □ Pull Stations</td>
<td>Monitoring Co: __________</td>
<td>Contact Phone #: __________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fire Alarm System (FAS) Panel Location: ___________________________</th>
<th>Division # ____ Side ____ □ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remote FAS Panel Location: ___________________________</td>
<td>Division # ____ Side ____ □ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FDC Connections</th>
<th>Sprinkler (SPKR) □ Standpipe (STDP) □ Combination (SPKR/STDP) □ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDC Location(s):</td>
<td>Side-A □ Side-B □ Side-C □ Side-D</td>
</tr>
<tr>
<td>Fire Pump(s):</td>
<td>Location: ___________________________</td>
</tr>
</tbody>
</table>

Feb 2017
Page 42 of 75
FOI
Sprinkler System:  □ Wet  □ Dry  □ Deluge  □ Pre-Action  □ Limited Area (20 SPKR Heads)  □ N/A
□ Full Building  □ Partial Building  If Partial, Location ______________________________

System Pressure: ______ PSI  Water Pressure: ______ PSI  Air Pressure: ______ PSI
Sprinkler Room Location: ___________________________  Division # ________  Side _____
Sprinkler System Tested: □ Yes  □ No  Date: __________________

Standpipe (STDP) & Hose System:  □ Class I  □ Class II  □ Class III  □ N/A

Standpipe Riser & Hose Connections:  Locations: ____________________________________________

OS&Y Valves:  □ Side-A  □ Side-B  □ Side-C  □ Side-D  □ N/A

Chemical Ext. System  □ Clean Agent  □ CO2  □ Dry Chemical  □ Halon  □ Wet Chemical  □ N/A
Location: ___________________________  Side _____  Division # _____
System Inspected: □ Yes  □ No  Date: __________________

ADDITIONAL COMMENTS

Other Information:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Inspector’s Name  Inspector’s Signature  Date

Permission to conduct this inspection was granted by:

Name (please print)  Title  Phone  Date

The information requested is for training and validation purposes only. All information is confidential.

Floor/Plot Plan:  Candidate Name_________________________  SSN#__________ (last 4-digits)

Candidate Signature________________________________________  Date of Inspection: ________
Pre-Plans
Commercial Floor/Plot Plan Worksheet

1. A completed Pre-Incident Planning Form (3 pages)
2. Diagrams/sketches of the buildings floor plan (each floor of the building must be included)
3. A plot plan of the target building and surrounding area (separate from floor plan)
4. Plans include Index Key
5. Includes directional symbol and indicate address side (Side A, B, C, D)
6. All hazards identified (utilities – gas, water, electric, overhead wires, transformers, hazardous materials, etc.)
7. Indicated fire detection system(s) and/or suppression system(s)
8. Hydrant & Water Supply Source identified
9. Distance of water supply to target building noted on plot plan (300’, etc.)
10. All structures identified (target building, all exposures, etc.)
11. Distance of all exposure(s)
12. Dimensions of structures noted
13. All roadways labeled
14. Product is candidate original work, no photo copies *See Note
15. Plan is neat and legible

*NOTE:*
The use of existing maps, architectural floor plans, site plans and/or Graphic Information System (GIS) mapping programs will be accepted, however the following required details **MUST** be included on these plans and **MUST** be drawn by hand by the candidate.

Additional information for this section can be referenced in the following text:
- Delmar Essentials of Fire Fighting & Emergency Response, Pages 674-678 & 684-687
- Jones & Bartlett Fundamentals of Fire Fighting Skills, Chapter 2, pages 651- 653, 658
- IFSTA Essentials of Fire Fighting 5th Edition, Chapter 20 pages 973-975
- Jones & Bartlett, Fire Officer Principles & Practice, 2nd Edition Chapter Pages 215-240
- IFSTA, Fire & Emergency Services Company Officer, 4th Edition Pages 379-409
- NFPA 1620, Recommended Practices for Pre-Incident Planning
- NFPA 220, Standard on Types of Building Construction
- NFPA 170, Standard for Fire Safety & Emergency Symbols
Fire Officer I
Guide 7
Skill Sheet I
Emergency Service Delivery Action Plan
Emergency Service Delivery: Action Plan

Using a scenario, the candidate will prepare an action plan to deploy resources and control the emergency. Describe strategic goals, tactical objectives and needed resources. Using the completed action plan, describe how you deploy the resources to put your strategies in place and achieve your goals.

Task: Given an assigned facility, pre-planning policies and procedures, forms, size-up information for an incident and assigned emergency response resources the candidate will develop an action plan in accordance with the current NFPA 1021 standard.

NOTE: Please check your work against skill sheet I to ensure you have completed the tasks required.

Scenario 1

Scene Description
This building is a two-story wood frame construction with brick veneer on the first floor and aluminum siding on the second floor exterior walls. The roof is pitched trussed and is covered with asphalt shingles. The building has an open stairway from the first floor to the second. There is one exposure forty-feet to the east.

The fire originated in the kitchen area and has spread into the dinette area. The fire involves about 15% of the floor area. Smoke and flame are visible on the south side of the structure. Smoke is visible through the living room windows. Smoke is heavy in the kitchen and dinette areas and is quickly spreading into the den and the living room.

Strategy
Strategic considerations for this incident based on the Incident Priorities indicate the following:

Life Safety: Primary search of the first and second floor areas. Termination of the utilities if they present a safety hazard.

Incident Stabilization: Aggressive interior fire attack

Property Conservation: Salvage work on the first floor
Scenario 2

Scene Description
The building is a one-story school with cement block exterior walls and interior walls. The roof is pitched with a tar and white rock covering. The school is located in a remote desert setting, which does have hydrants. There are no exposures.

The fire has originated in the office area and it is spreading into the hallway. The fire involves about 15% of the building. Light smoke is visible coming out of the windows of the two offices on the west side of the building (side A). Smoke is spreading into the hall, the adjacent classrooms and the library.

Strategy
Strategic considerations for this incident based on the Incident Priorities indicate the following:

Life Safety: Primary search of the first and second floor areas. Termination of the utilities if they present a safety hazard.

Incident Stabilization: Aggressive interior fire attack

Property Conservation: Salvage
1. Incident Name: 

2. Incident Number: 

3. Date/Time Initiated:
   Date: 
   Time: 

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________
   Date/Time: ____________________
## INCIDENT BRIEFING (ICS 201)

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>2. Incident Number:</th>
<th>3. Date/Time Initiated:</th>
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<tbody>
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<td>Date: Time:</td>
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### Current and Planned Objectives:

### Current and Planned Actions, Strategies, and Tactics:

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<th>Time:</th>
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6. Prepared by: Name: ______________________ Position/Title: ______________________ Signature: ______________________

ICS 201, Page 2 Date/Time: ______________________
1. Incident Name:  
2. Incident Number:  
3. Date/Time Initiated:  
   Date:  
   Time:  

9. Current Organization (fill in additional organization as appropriate):

   Incident Commander(s)
   
   Liaison Officer
   
   Safety Officer
   
   Public Information Officer
   
   Planning Section Chief
   
   Operations Section Chief
   
   Finance/Administration Section Chief
   
   Logistics Section Chief

6. Prepared by:  
   Name:  
   Position/Title:  
   Signature:  

ICS 201, Page 3  
Date/Time:  
1. Incident Name:

2. Incident Number:

3. Date/Time Initiated:
   Date:    Time:

10. Resource Summary:

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<tr>
<th>Resource Identifier</th>
<th>Date/Time Ordered</th>
<th>ETA</th>
<th>Arrived</th>
<th>Notes (location/assignment/status)</th>
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6. Prepared by: Name: __________________________ Position/Title: __________________________ Signature: __________________________

ICS 201, Page 4

Date/Time: __________________________
**ICS 201**  
**Incident Briefing**

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation.** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

**Distribution.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

**Notes:**
- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

<table>
<thead>
<tr>
<th>Block Number</th>
<th>Block Title</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incident Name</td>
<td>Enter the name assigned to the incident.</td>
</tr>
<tr>
<td>2</td>
<td>Incident Number</td>
<td>Enter the number assigned to the incident.</td>
</tr>
<tr>
<td>3</td>
<td>Date/Time Initiated</td>
<td>Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).</td>
</tr>
<tr>
<td>4</td>
<td>Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)</td>
<td>Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident’s location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.</td>
</tr>
<tr>
<td>5</td>
<td>Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.</td>
<td>Self-explanatory.</td>
</tr>
<tr>
<td>6</td>
<td>Prepared by</td>
<td>Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</td>
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<tr>
<td>7</td>
<td>Current and Planned Objectives</td>
<td>Enter the objectives used on the incident and note any specific problem areas.</td>
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<tr>
<td>Block Number</td>
<td>Block Title</td>
<td>Instructions</td>
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<td>8</td>
<td>Current and Planned Actions, Strategies, and Tactics</td>
<td>Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.</td>
</tr>
</tbody>
</table>
| 9            | Current Organization (fill in additional organization as appropriate) | • Enter on the organization chart the names of the individuals assigned to each position.  
• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.  
• If Unified Command is being used, split the Incident Commander box.  
• Indicate agency for each of the Incident Commanders listed if Unified Command is being used. |
| 10           | Resource Summary | Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly. |
|              | Resource      | Enter the number and appropriate category, kind, or type of resource ordered. |
|              | Resource Identifier | Enter the relevant agency designator and/or resource designator (if any). |
|              | Date/Time Ordered | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered. |
|              | ETA           | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock). |
|              | Arrived       | Enter an “X” or a checkmark upon arrival to the incident. |
|              | Notes (location/assignment/status) | Enter notes such as the assigned location of the resource and/or the actual assignment and status. |
Fire Officer I
Guide 8
Skill Sheet J
Safety Accident Investigation
Safety Accident Investigation

Using a provided scenario or actual incident that occurred within your own organization the candidate will analyze the situation and using forms provided or their own departments forms will fill in all appropriate information.

Task: Given an department safety regulation and investigation, the candidate will conduct an initial accident investigation involving personnel, apparatus and equipment so that the incident is documented and reports are processed in accordance with policies and procedures.

NOTE: Please check your work against skill sheet J to ensure you have completed the tasks required

Accident Investigation Scenario

On December 29, lightning strikes a shopping mall causing multiple fires throughout the complex. The thunderstorm is still producing strong winds, heavy rain and lightning when the department receives the call at 21:18 hours.

Two of the vehicles sent to the scene are dispatched only 30 seconds apart.

- Ambulance 199, driven by Nancy Reinold, a seven year EMT and
- Engine 8 with tom Murphy as engineer.

Nancy follows Tom down Elm Street, a two-lane, unmarked city street. Both she and Tom are wearing their seat belts, and Nancy is alert because visibility is very poor and road conditions are slick.

On this particular night, Don Smith, the driver of a Ford Pinto yields to the first vehicle, Engine 8, as it passes through the intersection of Main and Elm Streets, siren howling. He does not anticipate Ambulance 199 however, and pulls out in front of it. The Pinto is traveling at approximately 15 miles per hour when Nancy sees it and applies her brakes. The slick road surface causes her vehicle to skid, however and Ambulance 199 collides with the rear of the Pinto at approximately 30 miles per hour.

Don was wearing a seatbelt, and both drivers are uninjured. Ambulance 199 has a dented right fender and front bumper. In addition, the right side of the hood is crumpled, making the windshield wiper on the passenger side inoperable. The right headlight has been smashed and is inoperable. Despite this damage, the vehicle itself is operable. This is not the case with the Pinto. Its frame has been bent and the rear left side has been compacted against the wheel on the right side, which is bent and has a deflated tire. The rear window and the left rear side window have been broken out. Don is insured by State Auto.

NOTE: submission of forms should include detailed memo and accident investigation form and any other forms your department may use for this type of incident.
Vehicle Accident/Loss Investigation Report

(This is not a claim form)

Fire Department ___________________________ Date __________________

Address _________________________________

Name of Driver ___________________________ Vehicle ID/Unit Number __________________

Type of Vehicle ___________________________

Date Driver Last Certified On Above Vehicle __________________

Date of Accident _________________________ Time __________________ Date Reported __________________

Location of Accident __________________________

<table>
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<tr>
<th>Roadway</th>
<th>2-lane</th>
<th>3-lane</th>
<th>4-lane</th>
<th>Divided</th>
<th>Rural</th>
<th>Other</th>
<th>Lanes marked</th>
<th>Lanes unmarked</th>
<th>No road detects</th>
<th>Holes, ruts, etc.</th>
<th>Loose material</th>
<th>Other</th>
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Accident Occurred:

| □ At station         | □ Responding to emergency | □ At emergency scene |
| □ Returning from emergency | □ Training | □ Convention or parade |
| □ Other              | □ Sleet                   | □ Other |

Type of Loss

| □ Personal injury     | □ Property damage         | □ Vehicle damage |
| □ Clear               | □ Rain                    | □ Snow |
| □ Fog                 | □ Other                   |    |

Weather

Description Of Accident

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Motor Vehicle Diagram

Complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.

Indicate North

-over-

Instructions:
1. Show vehicles and direction of travel
2. Use solid line to show path of each vehicle before accident - dotted line after accident...
Safety Analysis

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)


What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)


What action has or will be taken to prevent recurrence? Place "X" by items completed.


Safety Supervisor's Comments


Driver's Signature ___________________________ Date ___________________________
Supervisor's Signature ___________________________ Date ___________________________
Safety Supervisor's Signature ___________________________ Date ___________________________
## COMMONWEALTH OF PENNSYLVANIA

**Driver’s Accident Report**

FORWARD THIS REPORT WITHIN 5 DAYS TO THE PENNSYLVANIA DEPARTMENT OF TRANSPORTATION, BUREAU OF HIGHWAY SAFETY AND TRAFFIC ENGINEERING, P.O. Box 2047, HARRISBURG, PA 17105-2047

Pennsylvania Vehicle Code, Section 3747 states: All reports are confidential, not available as trial evidence

### TIME

<table>
<thead>
<tr>
<th>Date of Accident (Month - Day - Year)</th>
<th>County</th>
<th>Day of Week</th>
<th>Hour (AM - PM)</th>
<th>Check if Hit-Run</th>
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</table>

### SEVERITY:

- **Was Towing Required?**
  - UNIT 1: [ ] YES [ ] NO
  - UNIT 2: [ ] YES [ ] NO

- **Number of Vehicles Involved**
- **Number Injured**
- **Number Killed**

### LOCATION

- **City - Borough - Township**
- **On: (Street Name or Highway Number)**
- **At Intersection With:**
- **If Not At Intersection: _______ Feet N S E W**
- **Of Station Marker - Intersection - Etc…**

### OPERATOR

- **Operator’s Name (First, Middle, Last)**
  - Mr.
  - Mrs.
  - Miss
  - Address (Street, City, State, Zip Code)
  - Date of Birth
  - Operator’s License Number and State
  - Vehicle License Number and State

### OWNER

- **Owner’s Name (First, Middle, Last)**
  - Mr.
  - Mrs.
  - Miss
  - Address (Street, City, State, Zip Code)
  - Year
  - Make
  - Model

### VEHICLE NO. 1

- **PA TITLE OR OUT-OF-STATE VIN**

### USE THE FOLLOWING SECTION TO RECORD VEHICLE NUMBER 2, PEDESTRIAN, OR OTHER PROPERTY

- **Operator’s Name (First, Middle, Last)**
  - Mr.
  - Mrs.
  - Miss
  - Address (Street, City, State, Zip Code)
  - Date of Birth
  - Operator’s License Number and State
  - Vehicle License Number and State

- **Owner’s Name (First, Middle, Last)**
  - Mr.
  - Mrs.
  - Miss
  - Address (Street, City, State, Zip Code)
  - Year
  - Make
  - Model

- **PA TITLE OR OUT-OF-STATE VIN**

**Description of Damaged Property**

- **Check If State Owned Property**

### IF MORE VEHICLES/PEDESTRIANS/OCUPANTS ARE INVOLVED USE ADDITIONAL REPORTS.

#### PERSONS INVOLVED

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>VEH.NO.</th>
<th>INJURY CLASS</th>
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<td>0 - NO INJURY</td>
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<td>1 - DEATH</td>
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<td>2 - MAJOR INJURY</td>
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<td>3 - MODERATE INJURY</td>
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<td>4 - MINOR INJURY</td>
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<th>ACTIVE RERAINT</th>
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<td>1 - DRIVER</td>
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<td>0 - NONE</td>
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<td>2 - PASSENGER</td>
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<td>1 - SHOULDER HARNESS ONLY</td>
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<td>7 - PEDESTRIAN</td>
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<td>2 - SEAT BELT ONLY</td>
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<td>8 - OTHER</td>
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<td>3 - COMBINATION (HARNESS &amp; BELT)</td>
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<td>4 - CHILD RESTRAINT</td>
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<td>7 - MOTORCYCLE HELMET</td>
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<td>8 - OTHER</td>
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<td>9 - UNKNOWN</td>
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</table>

#### ACTIVE RESTRAINT

- **INJURY TYPE**
  - 0 - NONE
  - 1 - SHOULDER HARNESS ONLY
  - 2 - SEAT BELT ONLY
  - 3 - COMBINATION (HARNESS & BELT)
  - 4 - CHILD RESTRAINT
  - 7 - MOTORCYCLE HELMET
  - 8 - OTHER
  - 9 - UNKNOWN

#### PASSIVE RESTRAINT

- **INJURY SEATING**
  - 0 - NONE ON PEDESTRIAN
  - 1 - AIRBAG (DEPLOYED)
  - 2 - AIRBAG (NOT DEPLOYED)
  - 3 - AUTOMATIC SEAT BELT
  - 8 - OTHER
  - 9 - UNKNOWN

### INSURANCE INFORMATION

- **Company**
- **Policy No.**

<table>
<thead>
<tr>
<th>Unit 1</th>
<th>Insurance Information</th>
<th>Company</th>
<th>Unit 2</th>
<th>Insurance Information</th>
<th>Company</th>
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AA-600 (11-09)
INSTRUCTIONS:

1. Draw Diagram As Clearly As You Can.
2. Show Your Vehicle As Number 1.
3. Label All Streets, Highways, and Landmarks.
4. Draw An Arrow In Circle Below So It Points North.
5. Complete Narrative.

Indicate North By Arrow

GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IMMEDIATELY PRIOR TO IMPACT, AT IMPACT, AND IMMEDIATELY AFTER IMPACT, REFER TO VEHICLES BY NUMBERS
This Form is to be completed only in the event that the accident was not investigated by a policy agency.

The Driver's Accident Report Form is required to be completed by ALL drivers involved in motor vehicle traffic accidents occurring within the Commonwealth of Pennsylvania and involves:

1. injury to or death of any person; or
2. damage to any vehicle involved to the extent that it cannot be driven under its own power in its customary manner without further damage or hazard to the vehicle, other traffic elements, or the roadway, and therefore requires towing.

Section 3747(a) of Title 75, Pennsylvania Consolidated Statutes of the Vehicle Code requires that if a police officer does not investigate an accident required to be investigated by section 3746 (relating to immediate notice of accident to police department), the driver of a vehicle which is in any manner involved in the accident shall, within five days of the accident, forward a written report of the accident to the department.

A Form, supplied by the Department of Transportation, has been designed for this purpose. That Form is the attached AA-600, Commonwealth of Pennsylvania Driver's Accident Report.

The primary objective of this Form is to obtain information which can be used to develop accident prevention and reduction programs aimed at reducing accidents and accident losses. In order for these programs to succeed, every attempt must be made to obtain the information for all items listed on the Report Form. Compliance with the following instructions will help to assure that the Report is filled out completely and accurately.

A copy of the completed Accident Report should be retained for your records. If copies are requested from the Department of Transportation, a fee of $5.00 per copy will be required to cover our processing costs.

Please send completed Forms to the following address:

Pennsylvania Department of Transportation
Bureau of Highway Safety and Traffic Engineering
P.O. Box 2047
Harrisburg, Pennsylvania 17105-2047
GENERAL INSTRUCTIONS FOR COMPLETING DRIVER’S ACCIDENT REPORT

Use a ballpoint pen and print all required information. Fill in every block applicable. The Form is self-explanatory. However, the following guidelines should be utilized:

1. **For the Accident Location** - - - Be sure to indicate the name of the City, Borough, or Township where the accident occurred as well as the Street name or Highway Route Number. If the accident occurred at an intersection, identify the name of the Street or Highway Route Number of the intersecting Roadway.

   If the accident did not occur at an intersection, please use the nearest Cross Street, Mile Posts, or Segment Markers. Segment Markers are signs erected along the roadside. Where possible, the signs are placed at physical features such as bridges, pipes, or intersections. Mile Posts are generally erected along the roadside of Interstates. Do not use House Numbers, Utility Poles, etc. as reference points.

2. **For the Vehicles, Drivers and Pedestrians** - - - Copy information about drivers and vehicles directly from the official **Driver’s License, Vehicle Registration Card**, and **Proof of Financial Responsibility Card**.

3. **Persons Involved** - - - Record the names and addresses of all occupants (including Drivers) in the vehicles involved and **ALL INVOLVED PEDESTRIANS** regardless of injury severity. Begin with the Driver of Unit 1, then list the other occupants of Unit 1, if any. Repeat the procedure with any other units.

4. **Injury, Seating Position, Safety Restraints** - - - If applicable, select the appropriate codes for all occupants and pedestrians for the type of injury incurred, seating positions of all occupants, and the type of safety device used.

5. **Damage Area of Vehicle** - - - Select the appropriate code for the Initial Impact Point for each vehicle involved. To indicate the impact area, use clock points as shown at the vehicle representation on the back of the report.

6. **Speed Limit and Travel Speed** - - - Enter the speed limit of the roadway at the accident site. If the speed limit is not posted, write NP. Enter your estimate of the travel speed of each vehicle immediately before the accident.

7. **For the Accident Diagram** - - - The diagram is a visual representation of the accident location and the events that occurred. Show the movement of the vehicles, identify the roadways and be sure to include the North Arrow displayed on the back of the Report Form.

8. **For the Narrative** - - - Describe the actions of all involved persons and vehicles before, during and after the collision. Be as factual as possible and use the same Unit Numbers as those on the front of the Report to identify the vehicles and pedestrians. Avoid such brief narratives as “Unit 1 hit Unit 2”.

**IF MORE THAN TWO (2) VEHICLES ARE INVOLVED, OR ADDITIONAL SPACE IS NEEDED FOR OCCUPANTS, PLEASE USE ANOTHER FORM TO CAPTURE THE REQUIRED INFORMATION. IN THESE CASES, STAPLE REPORTS TOGETHER BEFORE SUBMISSION.**
Fire Officer I
Guide 9
Skill Sheet K
Emergency Service Delivery:
Strategy, Tactics, & Safety
Emergency Service Delivery: Post-Incident Analysis

Given actual or simulated single unit incident, the candidate shall demonstrate the ability to develop and conduct a post-incident analysis (PIA) dealing with strategy, tactics and safety so that all required critical elements are identified and communicated, narrative and approved forms are completed and processed in accordance with policies and procedures.

Task:
Given the department policy and procedures the candidate shall develop a Post Incident Analysis (PIA) to determine strengths, weaknesses, and lessons learned about the incident and the Department’s response and operations. The post-incident analysis should be fact-based and not contain unsubstantiated information. The PIA shall be documented and reports processed in accordance with the policies and procedures.

NOTE: Please check your work against skill sheet K to ensure you have completed the tasks required
**Introduction:**
It is the expectation of the XYZ Fire Department that all Incident Commanders or incident command teams should analyze each incident informally to promote the improvement of the Department’s personnel, unit, and system performance.

Nonetheless, after every major incident, the Incident Commander or incident command team **MUST** develop a Post Incident Analysis (PIA) to determine strengths, weaknesses, and lessons learned about the incident and the Department’s response and operations. The post-incident analysis should be fact-based and not contain unsubstantiated information.

**Purpose:**
The purpose of this policy is to establish the procedure for conducting a Post Incident Analysis (PIA) in response to significant emergency incidents. The PIA assesses the operational effectiveness of on-scene activities and all functions related to the response, management, and recovery from such incidents. Each PIA conducted will address and reinforce positive performance and focus on lessons learned. The PIA shall be forwarded to the Fire Chief through the appropriate Chain of Command.

**Discussion:**
A ‘significant emergency incident’ is defined as any emergency meeting any criteria listed below:

1. Incidents involving any fatality, or serious injury to a civilian or Fire Department personnel;
2. A building fire in which 3 or more rooms are severely damaged by fire;
3. Incident involving unusual extinguishing problems;
4. Fires that exceed a predetermined dollar loss;
5. Any Hazardous Materials Incidents;
6. Any Mass Casualty incident involving 8 or more victims;
7. Rescue incidents involving the extrication of two (2) or more victims,
8. Technical rescues incidents;
9. At the Incident Commander’s discretion, or at the direction of a senior officer.
10. Incidents involving a ‘Near Miss’

**Policy:**
A. When a significant incident type described above occurs, it shall be the responsibility of the on-scene Incident Commander to conduct a PIA as soon as possible after completion of incident. At the latest, said PIA should be conducted no later than the six days after the incident has concluded.
B. The PIA should allow input from all fire department members and other on-scene agencies and/or resources. One suggested method is to have companies provide input into the PIA process based upon their order of arrival and subsequent tasks or assignments.

C. The Incident Commander or designee will take comprehensive notes during the PIA, to insure strengths and weaknesses are recorded; The above noted information, along with diagrams of the scene, apparatus placement, and other relevant factors should be included with the PIA narrative. The narrative shall follow the PIA Topical Outline. The analysis, based on the review, should include lessons learned.

D. Once the PIA is complete, the draft PIA and lessons learned shall be provided to the Chief or designee for review. A departmental review will assess the outcomes and as needed provide any recommendations to procedures, guidelines, or training.

E. Post the final PIA; copies shall be routed to all affected stations and companies, all command officers, the Fire Chief, and the Chief of Training.
POST INCIDENT ANALYSIS - STRUCTURAL FIRE

PIA Informational Worksheet:
The following list provides common information used to develop a PIA but is not all inclusive. Any relevant information relating to the incident must be included. If one or more of the elements are not applicable please explain why.

1. Introduction (General overview, Basic NFRIS, weather, time of day, diagrams, photos)
2. Building Structure/Site Layout (type, occupancy, protection systems, fuel load, hazards)
3. Fire Code History (Inspections and/or violations)
4. Communications (Dispatch, Fire ground, proper procedures & etiquette, timely updates)
5. Pre-Incident Planning (Available, Useable and Current)
6. On Scene Operations (size-up, strategy/tactics effectiveness, resources, risks)
7. Staging (location, site access)
8. Support Functions (personnel rehab and replacements, logistics, outside agencies)
9. Safety Group (RIT, EMS, Operational SOPs, fire personnel safety)
10. Accountability (Personnel, Controlled and Monitored)
11. Investigations (Origin, Cause, Fire Growth & Behavior, Interviews, Contributing Factors)
12. Lessons Learned (Training, Operational SOPs, Recommendations)
13. Overall Analysis of Incident (Good? Bad? Why?)
14. Based on your analysis; how are you meeting the needs of the community you serve?
### NFIRS Incident Field Notes

**LOCATION**
- Exact Location: [ ]
- Intersection: [ ]
- Front of: [ ]
- Rear of: [ ]
- Adjacent to: [ ]

**Incident Information**
- Location: [ ]
- Street or Highway: [ ]
- Apt/Room: [ ]
- City: [ ]
- State: [ ]
- Zip Code: [ ]

**INCIDENT TYPE**
- Situation Found: [ ]

**AID GIVEN OR RECEIVED**
- Mutual Aid Received: [ ]
- Automatic Aid Received: [ ]
- Mutual Aid Given: [ ]
- Automatic Aid Given: [ ]
- Other Aid Given: [ ]
- None: [ ]

**RESOURCES**
- Apparatus: [ ]
- Personnel: [ ]

**Actions Taken**
- Primary Action Taken: [ ]
- Suppression: [ ]
- EMS: [ ]
- Other: [ ]

**ESTIMATED DOLLAR LOSS**
- Property $: [ ]
- Contents $: [ ]

**LOSSES**
- Pre-Incident Value: [ ]
- Property $: [ ]
- Contents $: [ ]

**HAZARDOUS MATERIALS RELEASE**
- None: [ ]
- Natural Gas: [ ]
- Diesel Fuel/Fuel Oil: [ ]
- Household Solvents: [ ]
- Motor Oil: [ ]
- Propane Gas: [ ]
- Paint: [ ]
- Gasoline: [ ]
- Kerosene: [ ]
- Other: [ ]

**PROPERTY USE**
- Not Mixed: [ ]
- Industrial Use: [ ]
- Assembly Use: [ ]
- Medical Use: [ ]
- Educational Use: [ ]
- Other Mixed Use: [ ]
- Farm Use: [ ]
- Residential Use: [ ]
- Row of Stores: [ ]
- Enclosed Mall: [ ]
- Business & Residential: [ ]
- Office Use: [ ]

**OCCUPANT/PARTY INVOLVED NAME**
- Last, First, Middle: [ ]
- Address/City/Zip Code: [ ]
- Telephone: [ ]

**NOTES:**

- [ ]
- [ ]
- [ ]

**Authorization**
- Officer in Charge: [ ]
- Member Making Report: [ ]

**COMPLETE THIS SIDE FOR ALL INCIDENTS - COMPLETE BOTH SIDES FOR ALL FIRES**

Created 11/2002
### Property Details
- Not Residential
- Buildings not involved
- None
- Less than 1 acre

### On-Site Materials
- None
- Bulk storage or warehousing
- Processing or manufacturing
- Repairs or service
- Bulk storage or warehousing
- Processing or manufacturing
- Repairs or service

### Ignition
- None
- Area of Fire Origin
- Heat Source
- Item First Ignited

### Cause of Ignition
- Intentional
- Unintentional
- Failure of Equipment or Heat Source
- Act of Nature
- Cause Under Investigation
- Cause Undetermined after Investigation

### Factors Contributing to Ignition
- None
- Factor #1
- Factor #2

### Human Factors Contributing to Ignition
- Asleep
- Possibly impaired by alcohol/drugs
- Unattended person
- Possibly mentally disabled
- Physically disabled
- Multiple persons involved
- Age was a factor

### Equipment Involved in Ignition
- None

### Fire Suppression Factors
- Fire Suppression Factor (1)
- Fire Suppression Factor (2)
- Fire Suppression Factor (3)

### Structure Type
- Enclosed building
- Fixed portable/mobile structure
- Open structure
- Air supported structure
- Tent
- Open platform (e.g. piers)
- Underground structure (work areas)
- Connective structure (e.g. fences)
- Other type of structure

### Building Status
- Under construction
- Occupied & operating
- Idle, not routinely used
- Under major renovation
- Vacant & secured
- Vacant & unsecured
- Being demolished
- Undetermined
- Other

### Building Height
- Total # of stories at or above grade
- Total # of stories below grade

### Fire Origin
- Below Grade
- Story of origin

### Fire Spread
- Confined to object of origin
- Confined to room of origin
- Confined to floor of origin
- Confined to building of origin
- Beyond building of origin

### Material Contributing Most to Flame Spread
- Item contributing most to flame spread
- Type of material contributing most to flame spread

### Insurance Company Information
- Insurance Company Name
- Policy Number
- Agent's Name
- Phone Number

### Presence of Detectors
- None Present
- Present

### Detector Power Supply
- Alerted occupants-they responded
- Occupants failed to respond
- There were no occupants
- Failed to alert occupants

### Detector Effectiveness
- Detector Operation
- Fire too small to activate
- Operated
- Failed to Operate

### Presence of Automatic Extinguishing System
- None Present
- Present

### System Operation
- Operated & effective
- Operated & not effective
- Fire too small to activate
- Failed to operate
- Other

### Type of System
- # of Heads Operating
- System Failure Reason
**INCIDENT BRIEFING (ICS 201)**

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>2. Incident Number:</th>
<th>3. Date/Time Initiated:</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>Date: Time:</td>
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</table>

4. **Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

5. **Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. **Prepared by:** Name: ________________ Position/Title: ________________ Signature: ________________

ICS 201, Page 1  Date/Time: ________________
### INCIDENT BRIEFING (ICS 201)

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>2. Incident Number:</th>
<th>3. Date/Time Initiated:</th>
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<td>Date: Time:</td>
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</table>

#### 7. Current and Planned Objectives:

#### 8. Current and Planned Actions, Strategies, and Tactics:

<table>
<thead>
<tr>
<th>Time:</th>
<th>Actions:</th>
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### Prepared by:

Name: ___________________ Position/Title: ___________________ Signature: ___________________

Date/Time: ___________________
INCIDENT BRIEFING (ICS 201)

1. Incident Name: 
2. Incident Number: 
3. Date/Time Initiated: 
   Date:  
   Time:  

9. Current Organization (fill in additional organization as appropriate):

   Incident Commander(s)

<table>
<thead>
<tr>
<th>Liaison Officer</th>
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<tbody>
<tr>
<td>Safety Officer</td>
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<tr>
<td>Public Information Officer</td>
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</tbody>
</table>

   Planning Section Chief  Operations Section Chief  Finance/Administration Section Chief  Logistics Section Chief

6. Prepared by: Name: ____________________________ Position/Title: ____________________________ Signature: ____________________________

ICS 201, Page 3  Date/Time: ____________________________
### INCIDENT BRIEFING (ICS 201)

1. **Incident Name:**
2. **Incident Number:**
3. **Date/Time Initiated:**
   - Date: __________
   - Time: __________

10. **Resource Summary:**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Resource Identifier</th>
<th>Date/Time Ordered</th>
<th>ETA</th>
<th>Arrived</th>
<th>Notes (location/assignment/status)</th>
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</table>

6. **Prepared by:**
   - Name: __________
   - Position/Title: __________
   - Signature: __________

ICS 201, Page 4

Date/Time: __________________________
ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:
• The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
• If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

<table>
<thead>
<tr>
<th>Block Number</th>
<th>Block Title</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incident Name</td>
<td>Enter the name assigned to the incident.</td>
</tr>
<tr>
<td>2</td>
<td>Incident Number</td>
<td>Enter the number assigned to the incident.</td>
</tr>
<tr>
<td>3</td>
<td>Date/Time Initiated</td>
<td>Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).</td>
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<tr>
<td>4</td>
<td>Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)</td>
<td>Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident’s location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.</td>
</tr>
<tr>
<td>5</td>
<td>Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.</td>
<td>Self-explanatory.</td>
</tr>
<tr>
<td>6</td>
<td>Prepared by</td>
<td>Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</td>
</tr>
<tr>
<td>7</td>
<td>Current and Planned Objectives</td>
<td>Enter the objectives used on the incident and note any specific problem areas.</td>
</tr>
<tr>
<td>Block Number</td>
<td>Block Title</td>
<td>Instructions</td>
</tr>
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<tr>
<td>8</td>
<td>Current and Planned Actions, Strategies, and Tactics</td>
<td>Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.</td>
</tr>
</tbody>
</table>
| 9            | Current Organization (fill in additional organization as appropriate)       | • Enter on the organization chart the names of the individuals assigned to each position.  
• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.  
• If Unified Command is being used, split the Incident Commander box.  
• Indicate agency for each of the Incident Commanders listed if Unified Command is being used. |
| 10           | Resource Summary                                                             | Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly. |
|              | • Resource                                                                   | Enter the number and appropriate category, kind, or type of resource ordered.                                                                                                                                 |
|              | • Resource Identifier                                                        | Enter the relevant agency designator and/or resource designator (if any).                                                                                                                                   |
|              | • Date/Time Ordered                                                          | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.                                                                                                                        |
|              | • ETA                                                                        | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).                                                                                                                           |
|              | • Arrived                                                                    | Enter an “X” or a checkmark upon arrival to the incident.                                                                                                                                               |
|              | • Notes (location/assignment/status)                                         | Enter notes such as the assigned location of the resource and/or the actual assignment and status.                                                                                                    |
Firefighter Code of Ethics

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following…

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member’s safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicle and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors of gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Developed by the National Society of Executive Fire Officers