

**PENNSYLVANIA FIRE SERVICE  
VOLUNTARY CERTIFICATION PROGRAM**



**CANDIDATE HANDBOOK**

**FIRE OFFICER II**

OFFICE OF THE STATE FIRE COMMISSIONER  
PENNSYLVANIA STATE FIRE ACADEMY

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).

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. Complete Name is listed including suffix (Jr, Sr, III, etc) **NO** nicknames please
3. Address includes street, apartment number, city, state and zip
4. All appropriate signatures are obtained
5. Copies of required certificates and/or certifications are attached and current Copy of both front and back of medical training and CPR cards with signature
6. Drawings, descriptions, etc that may be requested in document are complete, legible and attached to application.

## **Pre-requisites**

1. Successful completion of Incident Command System Course. The following are recognized courses:
  - a. NFA Incident Command System Course
  - b. NFA NIMS ICS for the Fire Service
  - c. NFA NIMS ICS for EMS
  - d. NFA IS-100 *AND* IS-200
2. Fire Officer I Certification - You must be certified (Pro-Board or IFSAC) at the Fire Officer I level.
3. Fire Service Instructor I Certification – You must be certified (Pro-Board or IFSAC) at the Fire Service Instructor I level

4. Hazardous Materials Response – Candidate must meet requirements for the First Responder at the Operations Level of NFPA 372 Standard for Professional Competence of Responders to Hazardous Materials. *Training or Certification must be 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.*
  - a. Hazardous Materials Operations Level 472 Training or Certification  
OR
  - b. Hazardous Materials Operations Level 472 Annual Refresher  
OR
  - c. Hazardous Materials Technician Level 472 Training or Certification

Attach a copy of all required documents/materials to the application

There are two (2) options available to complete this level of certification “by training” or “by challenge”.

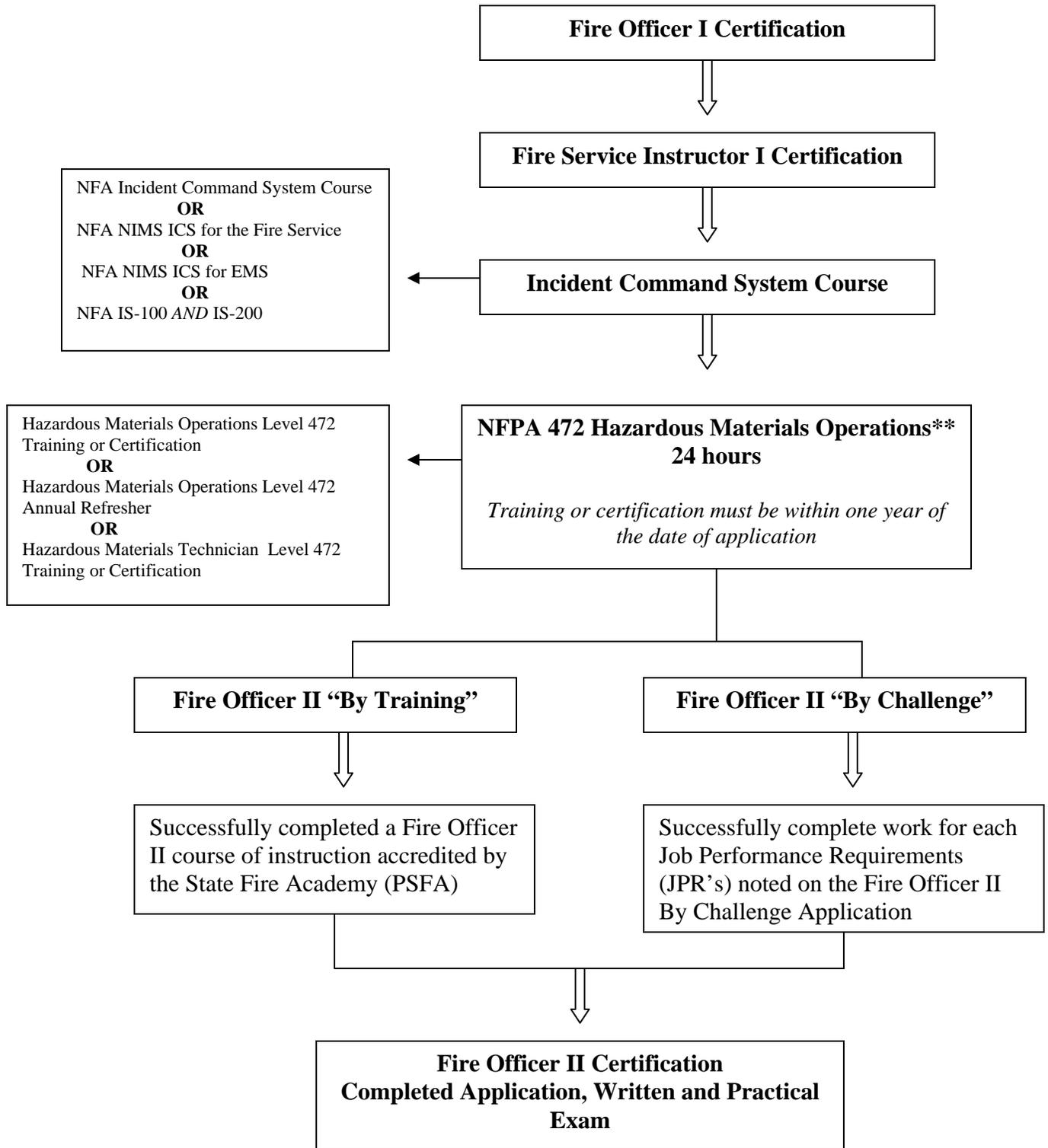
**By Training:**

To certify by this method, you must have successfully completed a Fire Officer II course of instruction accredited by the State Fire Academy within one (1) year of the date of this application. Attach a copy of your course completion certification. This certificate must show the Course Accreditation number assigned by the State Fire Academy to the course in question.

**By Challenge:**

To certify by this method, you must have successfully complete work for each Job Performance Requirements (JPR’s) noted on the Fire Officer I By Challenge Application. All completed documents, copies of certificates and any other supporting materials MUST be attached to the certification application.

## Fire Officer II Certification Pathway



Please refer to the Fire Fighter II 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**

Passing scores for any written test is seventy percent (70%).

### **Skills Test**

Must pass 100% of 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 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.

## **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 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 ten (10) working days prior to the scheduled examination will result in a delay in the candidate's date of examination. Please contact the Certification Program Manger for further information.

### **Safety Policy**

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 candidate will be suspended from further certification activities for a period of one (1) year from the date of the original test.

### **Study Reference List**

Reference list 0110

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

1. Delmar, Company Officer, 2<sup>nd</sup> Edition
2. IFSTA Fire and Emergency Services Company Officer, 4<sup>rd</sup> Edition
3. Jones and Bartlett, Fire Officer, Principles and Practices, 1<sup>st</sup> Edition
4. Jones and Bartlett, National Incident Management Systems, 1<sup>st</sup> Edition
5. NFPA 1021, 2009 edition Standard for Fire Officer Professional Qualifications
6. NFPA 921, Guide for Fire and Explosion Investigations, 2008 Edition
8. Jones and Bartlett, Exam Prep Book Fire Officer I & II  
<http://www.jbpub.com/fire/ExamPrep/>

9. Delmar, Exam Preparation Fire Officer I & II Western PA Fireman's Association 724-339-1017
10. 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 2 weeks prior to the test date
2. Please contact the PSFA Certification Staff 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 II**

**Guide 1**

**Skill Sheet A**

**Human Resource Management: Evaluating Member Performance  
“First Report of Injury”**

## **Human Resource Management: Evaluating Member Performance Fire Report of Injury Scenario**

During company level training at a structural burn session, Fire Fighter Sample was injured. During a training a live fire training evolution Fire Fighter Sample was acting in the capacity of the nozzle person, as part of a two person hose team while making entry to extinguish a room and contents fire. All conditions within the building were in compliance with NFPA 1403 and the Pennsylvania State Fire Academy's Live Burn Policy. While operating in the capacity as the nozzle person Fire Fighter Sample opened up the nozzle prematurely and incorrectly on a fog pattern which caused significant steam burns to the back of his hands and neck. The back up fire fighter was uninjured.

# Incident Report

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time of Accident \_\_\_\_\_  
Location Accident Occurred: \_\_\_\_\_

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: Male  Female   
Organization: \_\_\_\_\_ Chief: \_\_\_\_\_

None Required (report only)  CARE PROVIDED  
Transported to Medical Facility  Refused  First Aid (on scene)   
Facility Name \_\_\_\_\_

Nature of Injury/Illness/Report: \_\_\_\_\_

Cause: Fall  Struck by Object  Lifting  Sharp Object  Burns  Action

Other  (Explain): \_\_\_\_\_

Unsafe Act: Yes  No  (explain) \_\_\_\_\_

Unsafe Condition: Yes  No  (explain) \_\_\_\_\_

Severity: Disabling  Unknown (Follow up Required)  Non-Disabling  Fatality

Brief Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation for Prevention of Recurrence: \_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Officer II**

**Guide 2**

**Skill Sheet B**

**Human Resource Management: Evaluating Job Performance  
“Annual Performance Review”**

## **Human Resource Management: Annual Performance Evaluation**

### **Directions:**

Review the following scenario, complete, Annual Performance Evaluation, for Driver/Operator John Wayne. You are the captain on the shift and Operator Wayne's direct supervisor. Add any pertinent comments in the comment section of the form. This may include recommendations on improving performance, recognizing excellent performance, training and mentoring needed, etc.

### **Activity:**

You are the supervisor of Driver/Operator John Wayne. Operator Wayne has worked for you for the past 2½ years. It is time for his annual performance evaluation. The performance period is January 1 through December 31 of last year.

Overall, Operator Wayne is a steady performer. He is not a 'stand out' but neither is he a 'slacker' He is there when you need him and he is always willing to help when asked.

Operator Wayne's one strong area is his operating ability driving and pumping. He takes time to try and teach younger firefighters how to operate by the department established guidelines. His records indicate no traffic violations, warnings or disciplinary actions for his driving and operating.

**In preparing for the evaluation you review the following notes you have made during the previous year.**

- In January and February Operator Wayne helped two firefighters prepare for the Driver/Operator – Pumper certification test. Both fire fighters were successfully certified.
- On May 3 you had to discuss the condition of Operator Wayne's uniform. It was worn and dirty when he came to work.
- At a fire on June 16 Operator Wayne had to pump the engine and assist another driver with his engine also.
- The week of July 7 Operator Wayne volunteered to attend a two-day Pennsylvania State Fire Academy Course.
- On August 19 you had to discuss the condition of Operator Wayne's uniform. It was dirty.
- On November 22 Operator Wayne was late to work by 20 minutes. He did not call in to notify you according to written procedure. He offered no explanation about his tardiness. He was counseled about being on time.
- On December 29 Operator Wayne reported to work with trousers that were torn and unserviceable. You had to send him home to change.

Based on this information about Operator Wayne, using your own department form or the form provided (Form FD 98-03beginning on the next page), complete an annual review.

**Form FD-98-03: Annual Performance Evaluation**

Employee Name: _____	Employee Rank: <b>Driver/Operator</b>
Officer Name: _____	Evaluator Rank: _____
Date of Evaluation: _____	Evaluation Period: _____ to _____

For each of the employee's job duties listed below, assign a score of '1', '2', or '3' based on the employee's performance during the annual evaluation period. If a '1' is assigned, you must provide written justification for the rating in the space provided.

**3 = Exceptional performance – The employee exceeds fire department's expectations in this job duty.**

**2 = Satisfactory performance – The employee meets fire department's expectations in this job duty.**

**1 = Unsatisfactory performance – The employee fails to meet fire department's expectations in this job duty.**

Job Duty		Performance Rating			
a.	Station cleaning and maintenance	1	2	3	N/A
b.	Maintenance of apparatus	1	2	3	N/A
c.	Compliance with orders, directives & policies	1	2	3	N/A
d.	Personal responsibility & initiative	1	2	3	N/A
e.	Equipment operation	1	2	3	N/A
f.	Driving and operating of apparatus	1	2	3	N/A
g.	Personal appearance & hygiene	1	2	3	N/A
h.	Ability to work with others	1	2	3	N/A
I.	Training and abilities	1	2	3	N/A

Employee Comments:

<b>Employee Signature:</b> _____	<b>Date:</b> _____
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Employee Comments:

<b>Officer Signature:</b> _____	<b>Date:</b> _____
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**Fire Officer II**

**Guide 3**

**Skill Sheet C**

**Administration: Policy/Procedure Development**

## **Administration: Policy/Procedure Development**

### **Scenario:**

You are a shift captain and when you come on shift and have a note stating that some of the fire fighters have been harassing Fire Fighter Jones about the ethnic background of his girlfriend. No names were mentioned and the author of the note is unknown. The fire department has no written policy or procedure regarding this type of incident.

Based on this information, and dealing with the issue from a company officer perspective, use your own department form or the form provided on the next page to complete the following tasks:

1. Determine if a harassment or affirmative action issue exists
2. Develop a policy or procedure that identifies the problem and proposes a solution

## **Fire Officer II Policy Development Worksheet**

1. Does a harassment issue exist?
  
2. What management tools are available to assist the company officer in correcting this type of behavior?
  
3. Would a policy help prevent and correct this type incident?
  
4. What is the intent of the policy (what is the purpose)?
  
5. Who is the target audience (overall scope)?
  
6. What is the intent and outcome of the policy?
  
7. Does the policy address corrective measures and disciplinary action?

**Fire Officer II  
Policy Template Sample**

<b>Policy Name:</b>	<b>Fire Department Name</b>
<b>Description:</b>	SOP: # Date: Revision Date: Page: #
<b>PURPOSE:</b>	
<b>SCOPE:</b>	
<b>POLICY:</b>	

**Fire Officer II**

**Guide 4**

**Skill Sheet D**

**Administration: Develop a Project or Divisional Budget**

**FIRE DEPARTMENT  
PROJECT BUDGET WORKSHEET – Sample # 1**

Personnel

Budget Item	Cost
Total	

Operating/Equipment

Budget Item	Cost
Total	

Total Proposed Project Budget

Personnel	
Operating	
Total	

**FIRE DEPARTMENT  
PROJECT BUDGET WORKSHEET – Sample # 2**

			Current Year	
Revenues		Item	Budget	Actual
	Fees			
	Others			
	<b>Total</b>			
Expenditures				
	Personnel – (Salaries/wages/OT/Overhead cost)			
	<i>Subtotal</i>			
	Operational – Utilities (electric, Gas, phone, wireless, etc)			
	<i>Subtotal</i>			
	Operational - Service			
		Marketing		
		Other		
	<i>Subtotal</i>			
	Operational - Maintenance			
		Equipment		
		Buildings		
		Repair		
		Other		
	<i>Subtotal</i>			
	Operational - Other Expenses			
		Office supplies		
		Clothing		
		Postage & Handling		
		Fuel		
		Travel		
		Training		
		Lodging		
		Meals		
	<i>Subtotal</i>			
	Capital Projects			
		Station Supplies/Equipment		
		Technical Support		
		Consulting		
		Training - Personnel		
		Other		
	<i>Subtotal</i>			
	<b>Totals</b>			

## **HEADING**

**To:**

**From:**

**Date:**

**Subject:**

**Introduction**

**Narrative**

**Conclusion**

**Fire Officer II**  
**Guide 5**  
**Skill Sheet E**  
**Administration: News Release**

## Sample News Release



### **New Release**

Contact: To include name and phone number

Date:

**For Immediate Release or Please release on *date***

### **Introduction**

### **Body**

**###**

**Fire Officer II**

**Guide 6**

**Skill Sheet G**

**Emergency Services Delivery:  
Prepare a Detailed Pre-Incident Plan**

## Inspection and Investigation

### Scenario

Enterprise Fire Department Engine 3, commanded by Captain James T. Kirk, has been dispatched to a reported building fire. The alarm was received at 04:30 hours, January 26, at 234 East Kling Avenue. East Kling is a two way street. Engine 3 is the first unit on scene and is positioned AB side of the structure. Captain Kirk reports heavy smoke showing from the open front door and flames visible from a window next to the door. The structure houses the ABC Ale House and Restaurant. Captain Kirk orders a 1 ¾ attack line to the front door to begin suppression operations. While preparing to enter with the attack crew he notices what appears to be a secondary fire in the lobbies trash can, this is quickly extinguished and the main body of the fire is suppressed. Truck 5 set's up operation on the A/D corner and starts to secure utilities and notices the door to the rear of the structure is open. The truck reports a small fire in the 32 gallon trash can on the C/D corner of the structure. The trash can is located in the kitchen area and is growing in size. The truck also noticed that gas was on to the ovens and the pilot lights were not ignited and leaking gas to the kitchen. The gas to the ovens was secured by the truck. Captain Kirk orders a second 1 ¾ line from engine 5 to extinguish the kitchen fire.

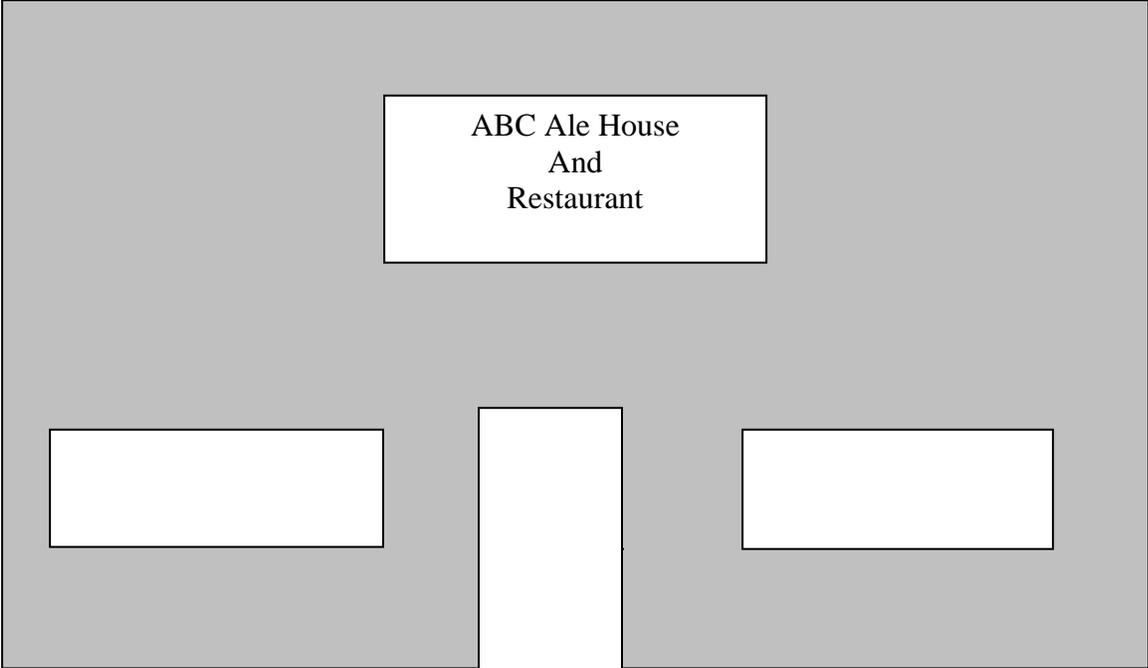
With all fires extinguish Captain Kirk begins the investigation. The doors show no signs of forced entry. In the front of the structure behind some bushes is a small container with the odor of gasoline. The lobby shows damage from a trash can fire and heavy charring on the walls and ceiling. There are remnants of burned matches on the floor. The restaurant area shows a V pattern and the remains of a self extinguished fire on the A/D corner. There are remnants of burned matches and wadded up newspaper and a char mark on the floor, with the strong odor of gasoline. The fire was up against stored wooden tables.

The incident's structure is 40 X 60 feet with a lobby, restaurant area and kitchen. The lobby is 10 X 12 feet wide and the restaurant area 30 X 40 feet wide with the rest comprising of the kitchen. The front of the building facing north, has one door and two windows to either side of the door. The kitchen has one door to the rear of the structure.

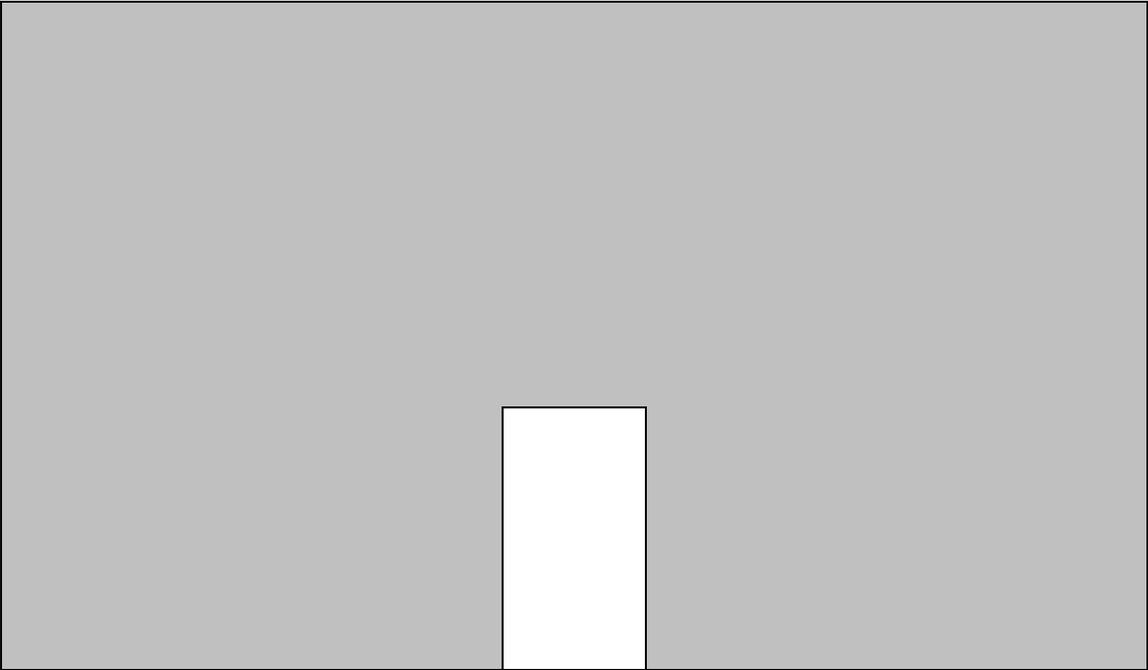
A parking lot is in the front of the structure and the rear opens to an alley. The structure has vacant lots on either side.

The owner of the building is John C. Far and is on scene. There were numerous bystanders watching the fire and walking around the scene.

**Sample Picture**



234 East Kling Avenue  
Front View



234 East Kling Avenue  
Rear View

**FIRE DEPARTMENT  
Origin and Cause Report**

**FIRE DEPARTMENT**

**FIELD SKETCH**



**FIRE DEPARTMENT**

**FLOOR PLAN**

**Fire Officer II**  
**Guide 7**  
**Skill Sheet H**  
**Emergency Services Delivery**

**PREPLAN AND FIRE SAFETY INSPECTION OF TARGET BUILDING, Page 1 of 2**

BUILDING NAME \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_

OWNER: \_\_\_\_\_ OCCUPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF OCCUPANCY: \_\_\_\_\_ EMERGENCY  
NOTIFICATION: \_\_\_\_\_

DIMENSIONS: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ NO. STORIES \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_ BUILT  
(YR) \_\_\_\_\_

CONSTRUCTION: WALLS \_\_\_\_\_ FLOORS \_\_\_\_\_ ROOF \_\_\_\_\_

FORCIBLE ENTRY POINTS \_\_\_\_\_

UTILITIES:      SUPPLIER / EMERGENCY TELEPHONE      SHUT-OFF LOCATION

ELECTRIC: \_\_\_\_\_

WATER: \_\_\_\_\_

GAS: \_\_\_\_\_

HVAC: \_\_\_\_\_

STAIRWAYS, TYPE AND LOCATIONS: \_\_\_\_\_

ELEVATORS, TYPE AND LOCATIONS: \_\_\_\_\_

OTHER VERTICAL OPENINGS, TYPE AND  
LOCATIONS: \_\_\_\_\_

PROCESSES: \_\_\_\_\_

HAZARDS: \_\_\_\_\_

POPULATION AND TIMES: \_\_\_\_\_

SPECIAL POPULATION TARGETS AND LOCATIONS: \_\_\_\_\_

SALVAGE TARGETS AND  
LOCATIONS: \_\_\_\_\_

EXPOSURES:      DISTANCE      TYPES OF CONSTRUCTION

NORTH: \_\_\_\_\_

EAST: \_\_\_\_\_

SOUTH: \_\_\_\_\_

WEST: \_\_\_\_\_

PROTECTION: SPRINKLERS: WET \_\_\_\_\_ DRY \_\_\_\_\_ COMPLETE \_\_\_\_\_ PARTIAL \_\_\_\_\_

STATIC PRESSURE \_\_\_\_\_ FD CONNECTION LOCATION \_\_\_\_\_

ROOM LOCATION \_\_\_\_\_

SPRINKLERS CLEAR OF OBSTRUCTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
CONTROL ROOM CLEAR OF OBSTRUCTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
FIRE DEPT. CONNECTION ACCESSIBLE? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
FIRE PUMP? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

FIRE PUMP CAPACITY: \_\_\_\_\_ GPM FIRE PUMP LOCATION: \_\_\_\_\_

STANDPIPE: WET \_\_\_\_\_ DRY \_\_\_\_\_ CONDITION OF HOSE: \_\_\_\_\_

STANDPIPE THREAD SIZE: \_\_\_\_\_ FD CONNECTION LOCATION: \_\_\_\_\_

**NOTE: In the above bolded section if it does not apply to the structure you are inspecting please mark N/A in all applicable areas.**

AREA HOSE CABINETS CLEAR OF OBSTRUCTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

FIRE ALARM EQUIPMENT (DESCRIBE): \_\_\_\_\_  
\_\_\_\_\_

IS SYSTEM OPERABLE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IS SYSTEM TESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

WATER SUPPLY: TYPE \_\_\_\_\_ CAPACITY \_\_\_\_\_ GPM

LOCATION: \_\_\_\_\_

EMERGENCY EXITS: ADEQUATE? YES \_\_\_\_\_ NO \_\_\_\_\_  
CLEAR OF OBSTRUCTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

HEATING EQUIPMENT: TYPE \_\_\_\_\_

INSPECTED? YES \_\_\_\_\_ NO \_\_\_\_\_  
SAFELY ARRANGED? YES \_\_\_\_\_ NO \_\_\_\_\_  
ROOM CLEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION OF SHUT DOWN CONTROLS : \_\_\_\_\_

CONDITIONS FOUND ON INSPECTION: \_\_\_\_\_  
\_\_\_\_\_

KNOWN OCCUPANCY HAZARDS: (LIST HAZARDS) \_\_\_\_\_  
\_\_\_\_\_

INSPECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Permission to conduct this inspection was granted by:

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE:** This information requested for training and validation purposes only. All information is confidential.

# Pre-Plans

## Commercial Floor/Plot Plan Check Sheet

- \_\_\_\_\_ Includes directional symbol
- \_\_\_\_\_ All hazardous identified (utilities – gas, water, electric, overhead wires, etc)
- \_\_\_\_\_ Indicated fire detection system(s) and/or suppression system(s).
- \_\_\_\_\_ Hydrant and water supply source(s) identified
- \_\_\_\_\_ Distance of water source(s) to target building noted on plot plan (300', etc)
- \_\_\_\_\_ All structures identified (target building, all exposures)
- \_\_\_\_\_ Dimensions of structures noted
- \_\_\_\_\_ All roadways labeled.
- \_\_\_\_\_ Product is candidate original work, no photo copies \*\* **SEE NOTE**
- \_\_\_\_\_ 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 (**i.e. utilities, hazards, fire suppression/smoke detectors, hydrants, water supply distances, large obstacles [furniture, office desk/equipment, machinery], orientation directional symbol, fire department connections [FDC], and fire alarm control panels**).

**Fire Officer II**

**Guide 8**

**Skill Sheet I**

**Health and Safety: Analyze Infectious Control Injury Incident or  
Health Exposure Problem**

**INCIDENT EXPOSURE RECORD**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SS#** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Incident #** \_\_\_\_\_ **County Incident #** \_\_\_\_\_ **Incident Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personnel in Charge of patient care (you, EMT Jones, Paramedic Doe, etc):** \_\_\_\_\_

**Location of Incident (residence, back of ambulance, on scene, hospital, etc.):** \_\_\_\_\_

**Describe the incident:** \_\_\_\_\_

**Type of exposure:** \_\_\_Inhalation \_\_\_Direct contact \_\_\_Ingestion

**Materials exposed to:** \_\_\_\_\_

**Describe how exposure occurred:** \_\_\_\_\_

**Decontamination required:** \_\_\_Yes \_\_\_No **Describe type of Decon** \_\_\_\_\_

**Length of Exposure (time):** \_\_\_\_\_ **Symptoms (if any):** \_\_\_\_\_

**Treatment at scene (if any):** \_\_\_\_\_

**Treatment at medical facility (if any):** \_\_\_\_\_

**Personal protective equipment used during incident (list):** \_\_\_\_\_

**Additional information** \_\_\_\_\_

**EMS Personnel Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**I.C Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**IC COORDINATOR ANALYSIS & CORRECTIVE ACTION FORM**

**What acts, failure to act and/or conditions contributed most directly to this incident? (immediate cause):** \_\_\_\_\_

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**What are the basic or fundamental reasons for the existence of these acts and/or conditions? (fundamental cause):** \_\_\_\_\_

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**What action has or will be taken to prevent recurrence?** \_\_\_\_\_

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**Infection Control Coordinator Comments:** \_\_\_\_\_

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**Provider Comments:** \_\_\_\_\_

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**IC Coordinator Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMS Provider Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fire Officer II**

**Guide 9**

**Skill Sheet J**

**Community and Government Relations, Emergency Service  
Delivery**



## **HEADING**

**To:**

**From:**

**Date:**

**Subject:**

**Introduction**

**Narrative**

**Conclusion**

# 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, vehicles 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 or 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.