

# **PENNSYLVANIA FIRE SERVICE VOLUNTARY CERTIFICATION PROGRAM**



## **INDUSTRIAL FIRE BRIGADE ADVANCED EXTERIOR**

## **CANDIDATE HANDBOOK**

**OFFICE OF THE STATE FIRE COMMISSIONER  
PENNSYLVANIA STATE FIRE ACADEMY**

Dear Certification Candidate,

Welcome to the Pennsylvania Fire Service Voluntary 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 must be submitted to an approved test site or PA State Fire Academy (PSFA). The test site or PSFA will review the application and supporting documentation and render either an accept or reject decision based on the completeness and if any deficiencies (e.g., lacks pre-requisites, no signatures, etc.) exist.

The general testing process is as follows:

1. Submit a complete application including all supporting documents;
2. Upon approval, take 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 tests and after a review of all documentation 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 test process, a retest can be administered and must be completed within one (1) year of the original test date.

## **Application Pointers**

1. Make sure the application is legible and check for completeness (must be typed);
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;
4. Address includes street, apartment number, city, state, and zip code;
5. All appropriate signatures are obtained and are in **blue or black ink**.  
**Please Note:** Chief Officers may **NOT** sign for themselves where a Chief Officer's signature is required; another Chief Officer must sign.
6. Copies of required certificates and/or certifications are attached along with a current copy of a medical training and CPR cards (both front and back side) with a signature.
7. Make sure your Pre-Requisite Verification Form is appropriately marked off and signed in **blue or black ink**.

## **Prerequisites**

1. National Certification at the Incipient Level – Chapter 5 NFPA 1081
2. **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

### 3. Cardiopulmonary Resuscitation (CPR) and Emergency Medical Care / Training

Candidates shall provide, at minimum, evidence of their capabilities regarding emergency medical care, infection control, and CPR (*adult/child/infant*). Below are approved courses meeting the requirements of this section. Each candidate **MUST** complete an approved CPR course and a medical care training course or hold a current EMS certification. ***Copies of both sides for the CPR and medical training cards must be submitted and the cards MUST be signed by the candidate to be valid. If the candidate has an E-card, a copy of the card must be provided with a clearly interpretable QR number or code.***

<b><u>APPROVED EMS CERTIFICATIONS / MEDICAL TRAINING COURSES</u></b>	
American Heart Association (AHA)	Heartsaver First Aid
American Red Cross (ARC)	Emergency Medical Response
American Safety & Health Institute (ASHI)	Emergency Medical Response
National Ski Patrol	Outdoor Emergency Care
National Safety Council (NSC)	Basic Life Support: Healthcare & Professional Rescuers
National Safety Council (NSC)	First Aid Taking Action – Advanced Training
AAOS (Emergency Care & Safety Institute)	Emergency Medical Responder
PA Dept. of Health	PA DOH – Emergency Medical Responder
PA Dept. of Health	PA DOH – EMT <b>OR</b> Advanced EMT
PA Dept. of Health	PA DOH – EMT Paramedic
PA Dept. of Health	PA DOH – Healthcare Professional

<b><u>APPROVED CPR COURSES</u></b>	
American Heart Association (AHA)	Heartsaver CPR/AED (Adult/Child/Infant)
American Heart Association (AHA)	BLS Provider <b>OR</b> BLS for Healthcare Provider
American Red Cross (ARC)	Basic Life Support for Healthcare Providers
American Red Cross (ARC)	CPR/AED for Healthcare Providers
American Red Cross (ARC)	CPR/AED for Professional Rescuers
American Red Cross (ARC)	CPR/AED for Professional Rescuers and Healthcare Providers
American Safety & Health Institute (ASHI)	BLS for Healthcare Providers & Professional Rescuers
National Safety Council (NSC)	Basic Life Support Healthcare & Professional Rescuer
AAOS (Emergency Care & Safety Institute)	Healthcare Provider CPR (Professional)
EMS Safety Services, Inc	BLS for Healthcare Providers
Pro CPR LLC	Pro CPR Healthcare Provider CPR
Geisinger CPR Program	Basic Life Support (CPR) for Healthcare Provider
Military Training Network Resuscitative Medicine & Training Program	BLS for Healthcare Providers

#### 4. Hazardous Materials Training and/or Certification

Candidates **MUST** be trained or certified at the Hazardous Materials Operations Level in accordance with NFPA 472 (2013) *Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents*, Chapter 5 (Core Competencies) and Chapter 6 (Mission-Specific), Section 6.2 (PPE) and Section 6.6 (Product Control) **OR** NFPA 1072 (2017) *Standards for Hazardous Material /Weapons of Mass Destruction Emergency Response Personal Professional Qualifications*, Chapter 5 (Operations Level Responders) and Chapter 6 (Mission-Specific), Section 6.2 (PPE) and Section 6.6 (Product Control).

Attach a copy of one of the following recognized certificates (Jones & Bartlett curriculum).

- Hazardous Materials Operations Level national certification, **OR**
- Hazardous Materials Operations Level, **OR**
- Hazardous Materials Operations Level Annual Refresher

Training/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 course.

#### **REQUIREMENT: NFPA 1081 (2012 Edition) JPRs 6.1.2.1, 6.1.2.2 Pre-Incident Plan**

Prepare a pre-incident plan to include mutual aid procedures and organizational structures based on a geographical and/or response zone(s) specific to the facility. **NOTE:** Diagrams/sketches of the facility and geographical and/or response zone must be included; in addition, response assignments for brigade members are to be listed. Attach all documentation to this application. Documentation shall include both a building/facility plan and a plot plan.

- Diagrams and sketches complete and attached Yes\_\_\_\_ No\_\_\_\_
- Response assignments complete and attached Yes\_\_\_\_ No\_\_\_\_

#### **REQUIREMENT: NFPA 1081 (2012 Edition) JPR 6.3.1, 6.3.2 Fire Safety Survey**

Using the survey form provided, conduct a fire safety survey in a facility so that fire and life safety hazards are identified; recommendations for correction are made and unresolved issues are referred to the proper authority. **NOTE:** Please complete and submit the pre-incident plan form.

**NOTE:** The forms for Tasks 4 and 5 above are provided in the IFB-Exterior Advanced certification application.

Candidate Name: \_\_\_\_\_

Candidate Number: \_\_\_\_\_

PREPLAN AND FIRE SAFETY INSPECTION OF TARGET BUILDING, Page 1 of 3

Building Name: \_\_\_\_\_

Occupant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Owner Phone # \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Primary Entrance/Side: \_\_\_\_\_

Forcible Entry Points: \_\_\_\_\_

Secondary Entrance/Side: \_\_\_\_\_

Key Box Location: \_\_\_\_\_

**BUILDING INFORMATION (DATA)**

Type of Occupancy \_\_\_\_\_Assembly \_\_\_\_\_Business \_\_\_\_\_Education \_\_\_\_\_Factory \_\_\_\_\_High-Hazard  
\_\_\_\_\_Institution \_\_\_\_\_Mercantile \_\_\_\_\_Residential \_\_\_\_\_Storage \_\_\_\_\_Multi-Occupancy

Processes: \_\_\_\_\_

Population During Business Hours: \_\_\_\_\_ Population After Hours: \_\_\_\_\_

Special Population Targets & Locations: \_\_\_\_\_

Salvage Targets & Locations: \_\_\_\_\_

Occupancy Hazards: \_\_\_\_\_

**HAZARDOUS MATERIALS**

Hazardous Materials:  Yes  No  N SDS Location: \_\_\_\_\_  
/A \_\_\_\_\_

SARA (Tier II)  Yes  No  N Chemical Inventory List  Yes  No If Yes – Location \_\_\_\_\_  
Facility: /A Provided: \_\_\_\_\_

CHEMICAL NAME (List 3 of the Highest Hazard Potentials) UN ID# QUANTITY (lbs. / gals) LOCATION

Table with 4 columns: CHEMICAL NAME, UN ID#, QUANTITY, LOCATION. Rows 1, 2, 3.

**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:

Roof Type

- Pitched
- Flat
- Arched
- Hip
- Other: \_\_\_\_\_
- Shed
- Mansard
- Gambrel
- Lantern

Wall Construction

- Wood
- Metal
- Concrete
- Masonry (Brick / Block)
- Other: \_\_\_\_\_

Wall Covering

- Sheetrock (Drywall)
- Plaster
- Wood / Paneling
- Ceramic Tile
- Masonry
- Other: \_\_\_\_\_

Floor Construction

- Truss (Yes/No)
- Lightweight Construction
- Wood
- Metal
- Concrete
- Other: \_\_\_\_\_

Floor Decking

- Wood
- Concrete
- Concrete (reinforced)
- Metal
- Other: \_\_\_\_\_

Roof Construction

- Truss (Yes/No)
- Lightweight Construction
- Wood
- Metal
- Concrete
- 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

**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  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**

Side-A (address) \_\_\_\_\_ Distance (ft.) \_\_\_\_\_  
 Side-B (left) \_\_\_\_\_ Distance (ft.) \_\_\_\_\_  
 Side-C (rear) \_\_\_\_\_ Distance (ft.) \_\_\_\_\_  
 Side-D (right) \_\_\_\_\_ Distance (ft.) \_\_\_\_\_

**BUILDING UTILITIES**

<u>Utility</u>	<u>Utility Main Shut-Offs Locations</u>			<u>Supplier</u>	<u>Contact Phone #</u>
Electric	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Emergency Generator	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Water	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Gas/LPG/Oil	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Alternative Energy	Division # _____	Side _____	<input type="checkbox"/> N/A	Type: _____	_____

**WATER SUPPLY**

**Hydrant(s)** Primary Location: \_\_\_\_\_ Capacity(GPM): \_\_\_\_\_  
 Secondary Location: \_\_\_\_\_ Capacity(GPM): \_\_\_\_\_  
**Rural Area** Main drafting water supply: \_\_\_Lake \_\_\_Pond \_\_\_River \_\_\_Pool \_\_\_Other \_\_\_\_\_  
 Drafting Location: \_\_\_\_\_ Travel Distance: \_\_\_\_\_  
**Private** Type: \_\_\_\_\_ Location: \_\_\_\_\_  
 Type: \_\_\_\_\_ Location: \_\_\_\_\_

**BUILDING FIRE PROTECTION SYSTEM**

**Fire Alarm System:**  Yes  No **System Operational:**  Yes  No **Monitored System:**  Yes  No  
 None  Smoke  Combination **Monitoring Co:** \_\_\_\_\_  
**Detector Types:**  Thermal  Carbon Monoxide  Pull Stations **Contact Phone #:** \_\_\_\_\_  
**Fire Alarm System (FAS) Panel Location:** \_\_\_\_\_ Division # \_\_\_\_\_ Side \_\_\_\_\_  N/A

Remote FAS Panel Location: \_\_\_\_\_ Division # \_\_\_\_ Side \_\_\_\_  N/A

FDC Connections  Sprinkler (SPKR)  Standpipe (STDP)  Combination (SPKR / STDP)  N/A

FDC Location(s):  Side A  Side B  Side C  Side D Connection Type & Size: \_\_\_\_\_  N/A

Fire Pump(s): Location: \_\_\_\_\_ GPM \_\_\_\_\_  N/A

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: \_\_\_\_\_

### **FIRE SAFETY INSPECTION**

Sprinklers Clear of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate Emergency Exits:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler Room Clear of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exit doors not blocked and open easily:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Dept. Connection Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Door Panic Hardware in working condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hose Cabinets/Area Clear of Obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire / Self-Closing Doors kept closed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher Pin & Anti-Tamper Seal Intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access/Egress routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers Properly Charged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Exit Lights Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers Inspected:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Lighting Present/Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers Visible and Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any excess trash/garbage present:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pull Stations Visible and Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple extensions cords being used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation Plans Properly Posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking in unauthorized areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Conditions found on inspection:** \_\_\_\_\_

\_\_\_\_\_

**Known occupancy hazards:** \_\_\_\_\_

\_\_\_\_\_

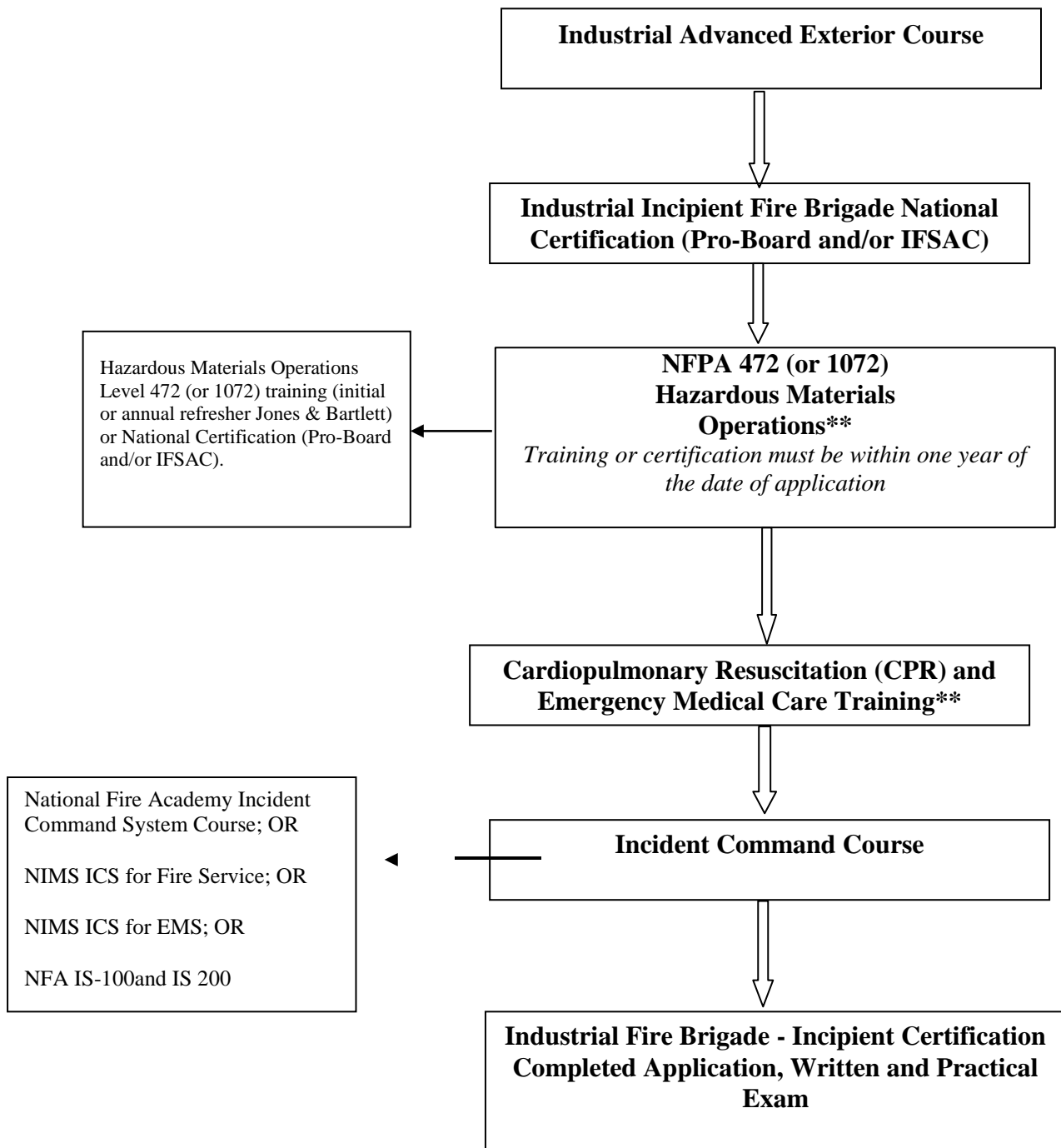
Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to conduct this inspection was granted by \_\_\_\_\_ Date: \_\_\_\_\_

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



# Industrial Advance Exterior Certification Pathway



\*\* Please refer to the Industrial Fire Brigade Incipient application OR the previous section titled **Prerequisites** for a complete list of approved courses to meet the requirement.

## **Test Policy**

**Written Test:** Passing scores for any written test is seventy percent (70%).

**Skills Test:** Must pass the required number of tasks indicated in the performance outcomes for all skill stations to complete the skills test; nonetheless all skills tested must be passed to receive certification.

## **Re-test Policy**

**Written Test:** If you are unsuccessful, you have a total of two (2) retest attempts 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 a retest.

**Skills Test:** You 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 for a later date and 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 PSFA certification program.

## **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 reviewed the NFPA job performance requirements for the level of certification I am seeking; and I am requesting the following accommodation(s) due to my disability related needs:

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\_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of individual completing this form Date

\_\_\_\_\_  
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) 247-3743

### **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 in a test.

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 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 an identified period of time and/or financial penalties.

### **Study Reference List**

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

1. National Fire Protection Association NFPA 1081 (2012 Ed) Standard for Industrial Fire Brigade Member Professional Qualifications;
2. IFSTA Industrial Exterior Structural Fire Brigades, 1<sup>st</sup> Edition, 1<sup>st</sup> Printing;
3. Jones and Bartlett, Industrial Fire Brigade: Principles and Practices, 1<sup>st</sup> Edition;
4. Advanced Exterior Skill Sheets available on the OSFC website [www.osfc.pa.gov](http://www.osfc.pa.gov)

**Additional Information:**

1. Applications shall be submitted to the test site 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 tests.
4. Bring all appropriate PPE and SCBA needed to complete all possible skill stations.
5. Dress appropriately; bring extra dry clothes.
6. Bring food and water or a similar beverage to stay hydrated.

Certification applications and skill sheets, in addition to the test schedule and test site contact information, can be found at [www.osfc.pa.gov](http://www.osfc.pa.gov) under < [State Fire Academy](#) > , click the sub-link < [Certification](#) > at the top of the webpage. A page will open with information about the certification program and process. Scroll through the page to find the links for certification applications, skill sheets, test schedule, and test site contact information.

If you have additional questions or concerns about the test process, please contact the test site coordinator at the site in which you applied to be tested at or contact the PA State Fire Academy Certification Program Staff.

# 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 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.

**Developed by the National Society of Executive Fire Officers**