

PENNSYLVANIA FIRE SERVICE VOLUNTARY CERTIFICATION PROGRAM



FIREFIGHTER II

CANDIDATE HANDBOOK

OFFICE OF THE STATE FIRE COMMISSIONER
PENNSYLVANIA STATE FIRE ACADEMY

Dear Certification Candidate,

Welcome to the Pennsylvania Fire Service Voluntary Certification Program. This manual provides information to assist you in successfully participating in the certification test. This manual outlines the prerequisites, testing, and application process and provides 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 section 7384 of the Emergency Management Services Code (35 Pa. C.S. §§ 7101 *et seq.*), OSFC is entrusted with the duty to implement a statewide firefighter training and certification program. The voluntary certification program in Pennsylvania is available to any Commonwealth resident, regardless of religion, gender, or national origin; any resident may apply for consideration as a test candidate.

Effective March 1, 2026:

- All certification candidates are required to maintain an active Acadis user portal account. (Acadis portal location = OSFC website/ Training and Certification Portal, or click here: [ENVISAGE Acadis®](#))
- All certification candidates are to be registered with the designated test site and rostered for the certification test.

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

Application Process

Obtain an application from either the Office of the State Fire Commissioner (OSFC) [website](#), through ACADIS or an approved test site. You must fill out the form, in full, and provide all required documentation. The completed application and accompanying documents are to be submitted to an approved test site or PA State Fire Academy (PSFA). Your application is then reviewed and either accepted or rejected based on compliance and deficiencies (i.e., lacks pre-requisites, no signatures, etc.).

The general test process is as follows:

1. A candidate must submit a complete application including all supporting documents;
2. After the application is approved, the candidate takes the written and subsequently the skills tests (NOTE: the skills test cannot be taken before the written test);
3. Upon successful completion of the written and skills tests 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 the application is legible and complete. Applications **MUST** be typed.
2. You **MUST** provide your FEMA Student Identification Number. (FEMA-SID)
3. Social Security Number: please provide the last four (4) digits.
4. Provide your complete name, including suffix (Jr, Sr, III, etc.) **NO** nicknames.
5. Make sure your mailing address includes street, apartment number, city, state, and zip.
6. Make sure all appropriate signatures are obtained and are signed in **all areas, either in Blue or Black ink, or via digital, electronic signatures (MUST be Adobe signature, NOT a Freeform signature)**.
 - a. *Chief Officers **CANNOT** sign for themselves where a Chief Officer's signature is required;*
 - b. *For this requirement, another Chief Officer **MUST** sign this section of the application.*
7. Legible copies of all pre-requisites must be attached and signed were applicable. **NOTE:** *Copies must include both the front and back of the document where applicable. (i.e. CPR & Medical cards).*
8. Make sure your Pre-requisite Verification Form (found in the back of the application) is appropriately marked off and signed.

Prerequisites [Note: Copies of course completion / certification certificates **MUST** be submitted with the application.]

1. **Incident Command System course:** The candidate **MUST** have successfully completed one of the following:
 - a. National Fire Academy (NFA) Incident Command System
 - b. National Fire Academy (NFA) NIMS ICS for the Fire Service
 - c. Incident Command System and Resource Management for the Fire Service
 - d. National Fire Academy (NFA) NIMS ICS for EMS course
 - e. National Fire Academy (NFA) IS-100 *AND* IS-200 (Independent Study or Facilitated Courses)

2. **Fire Fighter I Certification:** The candidate **MUST** be certified at the Firefighter I level.
3. **Firefighter II Training:** The candidates must have completed a Firefighter II level training program:
 - a. ELFFII Program
 - b. Advanced Firefighter

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

Candidates **MUST** be trained or certified at the Hazardous Materials Operations Level in accordance with NFPA 1072 (2017), Chapter 5 (Core Competencies) and Chapter 6 (Mission-Specifics) Section 6.2 (PPE) and Section 6.6 (Product Control), **OR** NFPA 470 (2022) *Hazardous Materials/Weapons of Mass Destruction (WMD) Standard for Responders*. Training standards as outlined in Chapters 6 and Chapter 8, Section 8.2 (PPE) and Section 8.6 (Product Control) or in Certification standards as outlined in Chapter 7 and Chapter 9, Section 9.2 (PPE) and Section 9.6 (Product Control)

The candidate **MUST** show proof of completing an initial or refresher training course or passing a national certification test. A copy of one of the following listed training courses or the national certification **MUST** be included with the application. The training **MUST** be from the PSFA approved Jones & Bartlett curriculum.

- Hazardous Materials Operations Level training **OR**
- Hazardous Materials Operations Level Annual Refresher training (candidate must have completed an approved operations initial course) **OR**
- Hazardous Materials Operations Level Responder National Certification (ProBoard or IFSAC)

The training, refresher training, or certification certificate must be dated within one year of the date of this application. If the training/refresher training, or if the national certification certificate is greater than one year from the date of this application, it **WILL NOT** be accepted in respect to fulfilling this prerequisite.

5. **Vehicle Rescue Operations:** The candidate **MUST** have completed one of the following:
 - a. Pennsylvania Joint Vehicle Rescue Program – NVRA and NVRO courses **OR**
 - b. Pennsylvania Joint Vehicle Rescue Program – State-issued Technician Certification **OR**
 - c. Pennsylvania Joint Vehicle Rescue Program – PVRO-24 course **OR**
 - d. National Certification (ProBoard or IFSAC) NFPA 1006 2021 edition Chapter 8 Common Passenger Vehicle Rescue Operations **OR**
 - e. National Certification (ProBoard or IFSAC) NFPA 1006 Vehicle Tech Level I or Vehicle/Machinery

6. Fire Department Communications: Skill D JPR 7.2.1

- a. The candidate **MUST** attach a copy of a properly completed incident (i.e., “run”) report of an actual incident. The National Emergency Response Information System (NERIS) or National Fire Incident Reporting System (NFIRS) report format and criteria are provided in [GUIDE 1](#) of this handbook. A local department’s incident report may be used; however, the report **MUST** be equivalent in the content required and as provided in [GUIDE 1](#) – that is all the information **MUST** be in the report.
- b. In addition to submitting this request, candidates will be required to have their chief officer sign off on the candidate completing the work. The OSFC/PSFA understands that not every organization permits their members to do the reports and therefore does not list them as the member completing the report. The signature of the chief officer ensures that this task was in fact completed by the candidate testing.

7. Fire Prevention, Preparedness, and Maintenance:

The candidate **MUST** provide the documents listed below. Refer to [GUIDE 2](#) of this handbook for detailed information in completing these requirements.

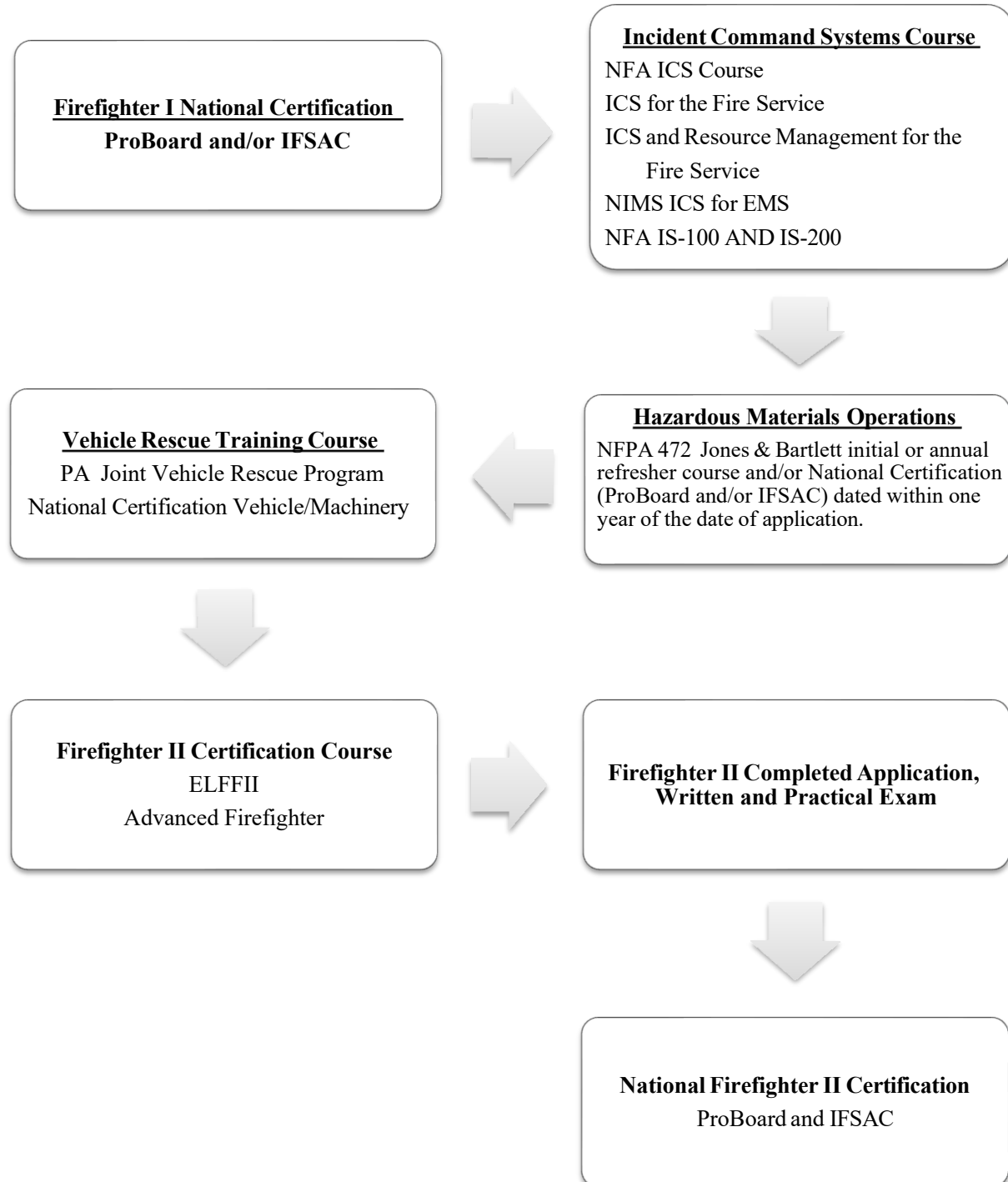
- a. **Residential Fire Safety Survey:**
 - i. Conduct a fire safety survey in an occupied private dwelling (i.e., your residence).
 - ii. Provide all relevant information that the general public would need on how to call for emergency services in your area to include what questions to expect from a dispatcher, the necessary information needed to report an emergency, and what actions you need to take as the caller.
 - iii. See attachment included at the end of this document for the residential safety plan to include with your drawings
- b. **Commercial Pre-Incident Survey:**
 - i. Complete the pre-incident and fire safety survey form found in [GUIDE 2](#) of this document.
 - ii. Conduct a pre-incident and fire safety survey of an occupied commercial building in your area.
 - iii. Create sketches/diagrams of the building floor(s) plan and plot plan (area) of the target building.
 - iv. List the apparatus normally dispatched for the given facility and describe each unit’s assignment for a fire incident (s) at the location. **DO NOT** simply provide a list of apparatus.

A Chief Officer’s signature is required on the application attesting that the candidate noted on the application has authored the required Residential Fire Safety Survey and Commercial Pre-Incident Survey and Building and Plot Plans. Please note a Chief Officer **CANNOT** sign for themselves; another Chief Officer **MUST** sign.

For detailed information on completing the Residential Fire Safety Survey and Commercial Pre-Incident Survey (including building and plot plans), refer to [GUIDE 2](#) in this handbook.

[Click Here to view Guide 2](#)

Firefighter II Certification Pathway



Please refer to the Firefighter II application OR the previous section of this document titled “Pre-requisites” for a complete listing of approved courses.

Test Policy

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

Skills Test: Candidates must pass one hundred percent (100%) of the skill stations offered.

NOTE: Skill Station C Fire Safety Presentation: You will present a prepared program 3 to 5 minutes in length. Possible topics: stop, drop and roll; crawl low in smoke; escape planning; alerting others; calling the fire department; residential smoke detector placement and maintenance. The candidate should be prepared to present any of these topics. Presentation information will be distributed by the test site coordinator to the candidate on the evening of the written test.

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 be completed in one (1) year to successfully complete the testing process.

Appeals

A candidate may request a review of his/her performance records by the State Fire Academy within thirty (30) days of receipt of a failure notice. 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 9 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 stationery 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:

_____ I have attached a statement on letterhead stationery 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

A candidate should meet the requirements of *NFPA 1580 (2025) Standard for Emergency Responder Occupational Health and Wellness* 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) used for testing **MUST** meet the NFPA standard at the time of manufacturing. PPE will be inspected prior to use in testing.

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

Professional Testing Integrity and Dishonesty

Dishonesty in the professional test environment includes but is not limited to: cheating, plagiarizing, facilitating acts of testing dishonesty by others, having unauthorized possession of examinations, or submitting work of another person. Any instance(s) of testing dishonesty constitutes the need for 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 test process, it is the responsibility of those to provide candidates with the "Testing Integrity and Dishonesty" policy and clarify questions that may arise.

Falsification of Documents

Any individual 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 test integrity 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 all work individually. For any material obtained from other sources such as plot plans, web maps, etc., a source reference must be given.

Study Reference List

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

1. Fundamentals of Firefighter Skills 5th Edition
2. NFPA 1010 Chapter 7 Standard for Fire Fighter Professional Qualifications (2024 Edition);
3. Firefighter II Skill Sheets can be found under [“Skills we’re looking for”](#)

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 [Firefighter Certifications | Commonwealth of Pennsylvania](#). 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.

GUIDE 1

FIRE DEPARTMENT COMMUNICATIONS (JPR 5.2.1)

NFPA 1010 (2024) Chapter 7, JPR 7.2.1 Fire Department Communications: Incident Report

JPR 7.2.1: Complete a basic incident report, given the report forms, guidelines, and information, so that all pertinent information is recorded, the information is accurate, and the report is complete. A candidate will have two (2) options to satisfy this requirement.

Option 1: A candidate may complete and submit an Incident Report using the form within this handbook for an actual incident within their jurisdiction. The report **MUST** be typed using the fillable form to include all relevant information. If an item does not apply, the field **MUST** be marked non-applicable (i.e., n/a). Refer to the ‘**Directions on how to complete the Incident Report**’ below. At a minimum, the following modules **MUST** be completed: Basic Module, Apparatus or Resources Module, and Personnel Module.

Option 2: A candidate may submit his/her fire department’s incident (i.e., run) report, **however it must be equivalent** to the level of detailed information provided below, and all items of the department report **MUST** be completed or marked non-applicable (i.e., n/a) if not relevant. The department’s incident report **MUST** include, at the minimum, the items listed in Lists 1 and 2 depending on the incident.

NOTES:

1. The report **MUST** be typed.
2. All information and modules **MUST** be completed based on the type of incident.
3. The report **MUST** be authored and completed by the candidate.

Option 1 - Directions on how to complete the Incident Report

Directions:

1. Review the descriptions for each NERIS section below to determine the applicable sections based on your incident type. [Refer to the list of NERIS sections.]
2. Complete relevant sections based on incident type.
3. ALL incident reports **MUST** include the following completed information:
 - a. Incident Number
 - b. District
 - c. Dispatched Type
 - d. Location
 - e. Actual Incident Type Found
 - f. Actions Taken
 - g. Owner Name, Address, Municipality, Contact information
 - h. Incident Times
 - i. Units
 - j. Personnel
 - k. Narrative
 - l. Office in Charge

Description of the NERIS Sections

1. Fire Incidents
 - a. There are 4 subcategories of Fire Incidents within this section. Each option has various requirements when applied. A wildland Fire will require the completion of the wildland fire data, a structure fire will require information related to the structure and occupancy of the structure.
2. Hazardous Situation
 - a. There are 3 subcategories to a Hazardous Situation. Each of these will have various requirements of completion based on the information selected.

3. Medical
 - a. Medical has 3 subcategories. This will be used for any injuries or illnesses the organization responds to. When you make your selection, additional information will be required within those sections.
4. Public Service
 - a. This module is where most of your alarm information is stored. There are 4 subcategories within this section, and each has their own requirements for reporting that the reporting software will open, and mark as required fields.
5. Rescue
 - a. This module is where you will find your technical rescue information and motor vehicle related incidents. This section has 4 subsections listed.
6. No Emergency
 - a. This module has 3 subsections and where you will find your cancelled information or recalled information.

LIST 1 The following items **MUST** be provided in the report regardless of incident type (i.e., fire, MVA, etc.):

- Date
- Times: Alarm / Arrival / Control / Cleared / In Quarters
- Incident Number
- Location
- Owner Name, Address, Municipality, Contact information
- Incident Type
- Use of National Emergency Reporting Incident Statistic terminology
- Actions Taken
- Narrative: You **MUST** write a complete account of the actions taken (i.e., who, what, assignments, etc.) and the outcomes.
- Apparatus/Resource Used / On Assignment
- Personnel
- Property Details (e.g., occupancy, occupancy use, etc.)
- Incident Commander

LIST 2 The following items may not apply if the incident does not involve fire; if this is the case, mark any item not applicable with ***n/a***.

- Exposure(s)
- Mutual Aid
- Dollar Value and Dollar Loss
- Casualties / Fatalities
- Detectors / Fire Protection Systems
- HAZMATS
- Ignition / Fire Propagation
- Human Factors
- Equipment Involved

**** Note: This skill should be completed within your organizational reporting system, however if that is not available you may use the sample form provided to you on the next 5 pages. You would need to complete all relevant information within the form and ensure all documentation is completed as required above. If completing the sample document it MUST be typed, handwritten documents will NOT be accepted.**

Basic Information									
FDID	Incident Number:			Incident Date:		State	Exposure	Check Completed Modules	
Incident Type					Location Type			2- Fire 3- Structure Fire 4- Civilian Fire Cas 5- Fire Service Cas 6- EMS 7- HazMat 8- Wildland Fire 9- Apparatus 10- Personnel 11- Arson	
Number	Prefix	Street or Highway		Street Type	Suffix	Apt/Suite #			
City		State		Zip Code	County				
Cross Street, Directions, as applicable					Aid Given or Received				
Alarm	Dispatched	Enroute	Arrived	Cancelled	Cleared	In Quarters	In Service	Shift	Alarms
Property Use				Mixed Use Property		Hazardous Materials Released			
Actions Taken						Resources			
Primary Action Taken							Apparatus	Personnel	
Additional Action Taken						Suppression			
Additional Action Taken						EMS			
Additional Action Taken						Other			
Casualties			Detector			Estimated Dollar Losses & Pre-Incident Value			
	Deaths	Injuries	Detector alerted occupants				Losses	Pre-Incdt. Value	
Fire Service			Detector did not alert occupants			Contents			
Civilian			Unknown			Property			
Person/Entity Involved									
Business Name (if applicable)							Business Phone Number		
Title	First Name			M.I.	Last Name			Suffix	
Number	Prefix	Street or Highway		Street Type	Suffix	Appt/Suite #	Primary Phone Number		
City		State		Zip Code	County		Alternate Phone Number		
Owner Information									
Business Name (if applicable)							Business Phone Number		
Title	First Name			M.I.	Last Name			Suffix	
Number	Prefix	Street or Highway		Street Type	Suffix	Appt/Suite #	Primary Phone Number		
City		State		Zip Code	County		Alternate Phone Number		
Remarks									
Report Authorization									
Officer In-Charge	Ran <			ID #			Date		
Report Completed By	Ran <			ID #			Date		

Fire Section									
Property Details			On-Site Materials or Products			On-Site Materials Storage Use			
Number of Residential Units	None								
Number of Buildings Involved	None								
Acres Burned (Outside fires)	None								
Area of Fire Origin		Heat Source		Items first Ignited			Type of materials first ignited		
Cause of Ignition		Factors Contributing to Ignition		Human Factors Contributing to Ignition				Age was a factor	
Equipment Involved in Ignition		Equipment Power Source		Equipment Portability				Male Female	
Fire Suppression Factors		Mobile Property Involved		Mobile Property Type			Mobile Property Make		
1									
2		Mobile Property Model						Year	
3		License Plate		State		VIN Number			
Local Use (Other Reports Attached)									
Structure Fires									
Structure Type		Building Status		Building Height (Number of Stories)			Building Dimensions		
				Above Grade			Length	Width	Square Feet
Indicate the Story of Fire Origin		Below Grade		Below Grade			Ft.	Ft.	
Fire Spread		Number of Stories Damaged by Flame			Type of Material Contributing Most to Flame Spread				
Confined to room of origin		Stories w/minor damage (1 to 24%)							
Confined to floor of origin		Stories w/significant damage (25 to 49%)							
Confined to building of origin		Stories w/heavy damage (50 to 74%)							
Beyond building of origin		Stories w/extreme damage (75 to 100%)							
Presence of Detectors		Detector Type		Detector Power Supply			Detector Operation		
Detector Effectiveness				Detector Failure Reason					
Automatic Extinguishing System		Type of Automatic Extinguishing System			Operation of Automatic Extinguishing System				
Number of Sprinkler Heads Operating		Reason for Automatic Extinguishing System Failure							
Civilian Fire Casualty									
Casualty Number	First Name		M.I.	Last Name		Suffix	Gender		
Date of Birth	Age	Race	Ethnicity		Affiliation		Severity		
Date of Injury		Time of Injury		Cause of Injury			Human Factors Contributing to Injury		
Factors Contributing to Injury			Activity When injured			Location at Time of Incident			
General Location at Time of Injury			Primary Apparent Symptom			Primary Area of Body Injured			
Disposition					Name of emergency care facility (if transported)				
Transported to emergency care facility									
Remarks									

Fire Service Casualty										
Casualty Number	First Name			M.I.	Last Name			Suffix	Gender	Career Volunteer
Date of Birth	Age	Date of Injury	Time of Injury	Affiliation					# of Responses in 24hrs	
Usual Assignment		Physical Condition Prior to Injury		Severity		Taken To		Activity at Time of Injury		
Primary Apparent Symptom		Primary Part of Body Injured		Cause of Firefighter Injury		Factor Contributing to Injury		Object Involved in Injury		
Where Injury Occurred				Specific Location Where Injury Occurred				Vehicle Type (if applicable)		
Remarks										
Did protective equipment fail and contribute to the injury? Yes No								Equipment Number		
Head or Face Protection		Coat, Shirt, or Trousers			Boots or Shoes					
Respiratory Protection					Hand Protection					
Special Equipment					Protective Equipment Problem (Select the main problem that occurred)					
Equipment Manufacture				Model			Serial Number			
EMS										
Number of Patients		Patient Number		Date/Time Arrived at Patient		Date:		Time:		
				Date/Time of Patient Transfer		Date:		Time:		
Provider Impression/Assessment						None/no patient or refused treatment				
Date of Birth	Age	Gender	Race		Ethnicity		Human Factors Contributing to Injury			
Other Factors		Body Site of Injury		Injury Type			Cause of Illness/Injury			
Procedures Used				Safety Equipment		Cardiac Arrest		Initial Arrest Rhythm		
Initial Level of Provider		Highest Level of Care on Scene			Patient Status			EMS Disposition		
Hazardous Materials										
HazMat ID/UN Number:		DOT Hazard Classification:		CAS Registration Number:						
Chemical Name:										
Container Type:		Estimated Container Capacity:			Units: Capacity					
Physical State When Released		Estimated Amount Released:			Units: Capacity					
										HazMat Actions Taken
Release Into		Released From		1.						
Area Affected		Area Evacuated		2.						
Population Density				3.						
Estimated People Evacuated		Estimated Buildings Evacuated		4.						
If fire or explosion is involved with a release, which occurred first? Ignition Release Undetermined										
Cause of Release			Factors Contributing to Release				Factors Affecting Mitigation			
Equipment Involved in Release			Mobile Property Involved in Release				HazMat Disposition			

Wildland Fire									
Alternate Location Specifications		Area Type		Wildland Fire Cause			Human Factors Contributing to Ignition		
Factors Contributing to Ignition		Fire Suppression Factors							
		1.		2.			3.		
Heat Source		Mobile Property Type		Equipment Involved in Ignition					
Weather Type		Wind Direction		Wind Speed		Temperature		Humidity	
Number of Buildings Involved				Number of Buildings Threatened					
Total Acres Burned		Primary Crop Burned							
Person Responsible for Fire		Gender		Age		Activity of Person			
Property Management						Total % of Acres Burned			
Apparatus or Resources									
Apparatus or Resource (ID)				Date		Times		Actions Taken	
Apparatus Use		Dispatch							
Apparatus or Resource Type		Arrival							
Number of Personnel		Cleared							
Apparatus or Resource (ID)				Date		Times		Actions Taken	
Apparatus Use		Dispatch							
Apparatus or Resource Type		Arrival							
Number of Personnel		Cleared							
Apparatus or Resource (ID)				Date		Times		Actions Taken	
Apparatus Use		Dispatch							
Apparatus or Resource Type		Arrival							
Number of Personnel		Cleared							
Apparatus or Resource (ID)				Date		Times		Actions Taken	
Apparatus Use		Dispatch							
Apparatus or Resource Type		Arrival							
Number of Personnel		Cleared							
Personnel									
Name		Rank		Position(s) / Role(s)				Apparatus	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

GUIDE 2

FIRE PREVENTION, PREPAREDNESS, and MAINTENANCE (JPRs 7.5.1, 7.5.3)

As a Firefighter II candidate, you need to complete a fire safety survey (i.e., exit plan) for an occupied private dwelling (i.e., your residence) and a pre-incident plan and fire safety survey on an occupied commercial structure.

RESIDENTIAL DWELLING

- a. Conduct a fire safety survey (i.e., exit plan) in an occupied private dwelling (i.e., your residence). For the residential fire safety survey, please sketch/diagram each level of the structure to include the criteria listed below. The sketch/diagram shall contain an index indicating the content you have drawn.

Fire Safety Survey Criteria:

- A detailed plan of each floor/division including appropriate details (**MUST** be an occupied dwelling)
 - Doors & windows
 - Layout of each room on every floor
 - Minimum of one large item/obstacle per room (i.e., entertainment center, bed, furniture, etc.)
- Plan **MUST** include an index key
- Plan **MUST** include a directional symbol and indicate the address side (e.g., Side A, B, C, D)
- Plan **MUST** Identify primary and secondary escape routes (two separate pathways)
- Plan **MUST** note any fire prevention/protection system (e.g., smoke detectors, extinguisher, etc.)
- Candidate **MUST** complete the fire safety survey attached to this guide
- Identifies a pre-determined meeting place and distance from the residence (**meeting place must be an identifiable landmark**)

The survey MUST be complete, accurate, and legible. The evaluator MUST be able to read and interpret the content of your sketch/diagram.

- b. As a Firefighter II, you are expected to provide the general public information on basic procedures about fire safety at home or while out in public and how to call about an emergency. Write a procedure on how to call the fire department in your area. The procedure **SHALL** be written from a perspective that you are presenting this material to the public; and the procedure **SHALL** include, at minimum, the following:
- What questions to expect from a dispatcher.
 - The necessary information needed to report an emergency.
 - What actions to be taken for the immediate situation at hand.

NOTE: This procedure **MUST** be written on a separate page and not be embedded within other material submitted.

Candidate Name:

Residential Fire Safety Survey Form			
Property Address			
Resident Name			
Date of Survey			
Surveyor			
Smoke & CO Detectors			
Item	Yes	No	Notes
Working smoke alarms on every level			
Smoke alarm inside/outside each bedroom			
Smoke alarms tested monthly			
Smoke alarms less than 10 years old			
Carbon monoxide alarms installed (if fuel-burning appliances/attached garage)			
Electrical Safety			
Extension cords used safely (not permanent)			
Outlets not overloaded			
No damaged cords/plugs			
Appliances unplugged when not in use			
Heating & Cooking Safety			
Space heaters at least 3 ft. from combustibles			
Chimneys/fireplaces cleaned annually			
Stove area free of clutter/grease			
Matches/lighters kept out of children's reach			
Escape Planning			
At least two ways out of each room			
Doors/windows open easily			
Family has a meeting place outside			
Fire escape plan practiced with family			
Fire Extinguishers & Other Hazards			
Fire extinguisher available & accessible			
Residents know how to use extinguisher (PASS)			
Flammable liquids stored properly			
House number visible from street			
Recommendations Comments			
Resident Signature:			
Survey Signature:			

COMMERCIAL BUILDING

Chapter 7, JPR 7.5.3: Prepare a pre-incident survey, given forms, necessary tools, and an assignment, so that all required occupancy information is recorded, items of concern are noted, and accurate sketches and drawings are prepared.

Using the pre-incident and fire safety survey form provided in this handbook, conduct a pre-incident survey of an occupied commercial building. Be sure to create and provide both a building floor plan and a plot plan and provide all relevant occupancy information as noted in the following page (Refer - Occupancy Information).

NOTE: The floor plan and plot plan **MUST** be on separate pages.

- a. Complete a pre-incident and fire safety survey form for an occupied commercial building in your area.
- b. Conduct a pre-incident survey on an occupied commercial building in your area.
- c. List the incident apparatus response assignments generally dispatched for an incident at this location. Describe the assignment(s) given to each apparatus on the response.

The pre-incident survey MUST be complete, accurate, and legible.

The evaluator must be able to read and interpret the content.

This skill requires the candidate to provide a plan of a selected commercial building and the area surrounding the target structure by collecting, documenting, sketching, or drawing (i.e., scribe or digitally) the facility and exposures and identify relevant occupancy information/conditions and document those items.

To meet Firefighter II JPR 7.5.3, two options exist.

1. **Scribe / Hand-drawn:** Provide a commercial building and plot plans (two separate items) in the traditional format (e.g., pen/pencil and paper). The plans are to be submitted on paper that is at minimum 8" x 11.5" inches in size. All relevant occupancy information and details **MUST** be drawn/highlighted/sketched by the candidate and be legible so that all symbols and text can be easily understood and interpreted when viewed.
2. **Digital format:** Provide a commercial building floor plan (e.g., CAD drawing) and plot plan in a digital format (i.e., digital map or image). All relevant occupancy information and details must be drawn/highlighted/sketched by the candidate. This information can be noted by hand (i.e., scribed) or digitally noted, but in either case it **MUST** be done by the candidate, be easily distinguishable/clear in terms of features, symbols, and facilities, and be legible and interpretable in terms of text. Hardcopy plans submitted which use digital technology (e.g., CAD, aerial imagery, etc.) are to be submitted on paper that is at minimum 8" x 11.5" inches in size. Text used to document or note occupancy information must be provided in a 10-font size or larger (if digital) or legible at a 10-font size or larger if scribed by hand. If using a digitally based commercial document (i.e., architectural drawing) as the base document, then all non-relevant content **MUST** be removed (that is any content used for architectural purposes only **MUST** be removed). If aerial map or imagery is used for the plot plan, the plan **MUST** be clear and provide easily identifiable features, especially if done as a gray-scale image. Note if gray-scale imagery is used, all features must be clear and distinguishable, that is no bleed-over of features can occur.

Digital Format Definition: A building floor or plot plan constructed using computer-aided technology (e.g., CAD programs, Computer Software, Aerial/Satellite Images,

NOTE: If the plans are not interpretable by the evaluator, then the plan(s) **will be returned** to the candidate to correct. Examples of acceptable and non-acceptable documents, in both formats, are provided in the following pages.

3. Occupancy Information: All relevant occupancy information is provided below; these items are too be drawn/highlighted/sketched-in on the commercial building and plot plans (if applicable).
- Plot Plan: Target building clearly identified on the plan (i.e., by hand or digital outlined).
 - Plot Plan: Plan clearly identifies exposures that are within 500 feet of the target structure and their directions/distances, roadways with names, barriers that may impact building access (e.g., walls or fences, unconventional or low height structures, bridges, topography, or other land features, trees, streams, etc.).
 - Plot Plan: Location, type, and distance to water source(s) from the target building.
 - Building Plan: All floors are clearly illustrated (one floor per page); all rooms are noted and labeled, windows and doors/passageways are noted; any hazards within rooms (i.e., stored HAZMAT'S, vertical holes, heavy equipment, electrical systems, sensitive materials, or equipment, etc.) or special processes are noted, and rooms are labeled.
 - Building Plan: All hazards are identified (utilities - gas, water, electric, overhead wires, transformers, hazardous materials, etc.).
 - Building Plan: Utility connections/shut offs (interior or exterior) are clearly illustrated.
 - Building Plan: Fire suppression and/or detection systems (if applicable) or other fire protection or engineered systems are noted (i.e., fire walls, fire-rated doors, Type 1 or II building construction features like protected steel, etc.).
 - Building plan indicates FDC, sprinkler main control valve, drain valve (if applicable).
 - Building & Plot Plans: Primary Street side and operational sides (A, B, C, D) are labeled.
 - Building & Plot Plans: Directional indicator (North / South / East / West) is illustrated.
 - Building & Plot Plans: Readable index keys denoting features (i.e., doors, windows, HVAC units, shut-offs, special features, etc.) are on the plans.
 - Building or Plot Plan: Exterior dimensions are noted.
4. Response Assignments: The candidate shall provide response assignments for responding companies (apparatus). This is **NOT** just a list of apparatus, but a list of all apparatus dispatched and their initial assignments assuming an incident does occur at the preplanned facility.

NOTE

This JPR requires the candidate to complete a pre-incident plan for a selected occupied commercial building with some form of fire protection infrastructure (i.e., detectors, suppression system, fire walls, fire-rated doors, etc.). The building selected **CANNOT** be a fire, EMS, or other first responder station/facility; or a facility designated as a secured facility by a governing authority (i.e., Federal, Commonwealth, municipal) or by an employer.

The building and plot plans submitted shall be the candidate's original work (i.e., hand drawn or digitally created). No photocopies of another's work will be accepted.

Candidate Name: _____ Social Security No. (last four #s): _____

PRE-INCIDENT AND FIRE SAFETY SURVEY OF A 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 Institution	Business Mercantile	Education Residential	Factory Storage	High-Hazard Multi-Occupancy
-------------------	-------------------------	------------------------	--------------------------	--------------------	--------------------------------

Processes: _____

Population During Business Hours: _____ Population After Hours: _____

Special Population Targets and Locations: _____

Salvage Targets & Locations: _____

Occupancy Hazards: _____

HAZARDOUS MATERIALS

Hazardous Materials: Yes No N/A MSDS Location: _____

SARA (Tier II) Facility: Yes No N/A Chemical Inventory List Provided: Yes No If No, Location: _____

CHEMICAL NAME (List 3 of the Highest Hazard Potentials)	UN ID#	QUANTITY (lbs. / gals)	LOCATION
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:	<u>Wall Construction</u>	<u>Floor Construction</u>	<u>Roof Construction</u>
	Wood Metal Concrete Masonry (Brick / Block) Other: _____	Truss (Yes/No) Lightweight Construction Wood Metal Concrete Other: _____	Truss (Yes/No) Lightweight Construction Wood Metal Concrete Other: _____
<u>Roof Type</u> Pitched Flat Arched Hip Shed Mansard Gambrel Lantern Other: _____	<u>Wall Covering</u>	<u>Floor Decking</u>	<u>Roof Covering</u>
	Sheetrock (Drywall) Plaster Wood / Paneling Ceramic Tile Masonry Other: _____	Wood Concrete Concrete (reinforced) Metal Other: _____	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 (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

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 _____	N/A	_____	_____
Emergency Generator	Division # _____	Side _____	N/A	_____	_____
Water	Division # _____	Side _____	N/A	_____	_____
Gas/LPG/Oil	Division # _____	Side _____	N/A	_____	_____
Alternative Energy	Division # _____	Side _____	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 ☐

Detector Types: None ☐ Smoke ☐ Combination ☐

Thermal ☐ Carbon Monoxide ☐ Pull Stations ☐

Monitoring Co: _____

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

Conditions found on inspection:

Known Occupancy Hazards:

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: _____

Commercial

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

Commercial

This image shows a full page of blank graph paper. The grid consists of thin, light gray horizontal and vertical lines that intersect to form small squares across the entire surface. There are no margins, text, or other markings on the paper.

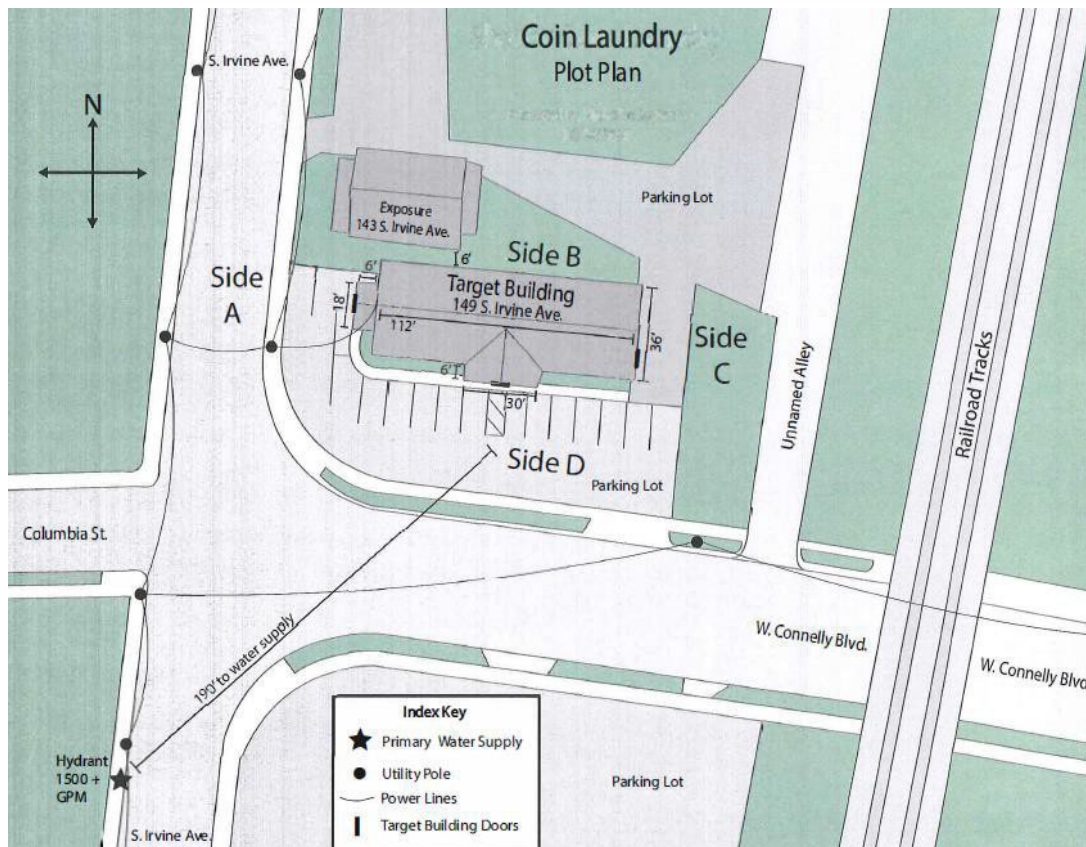
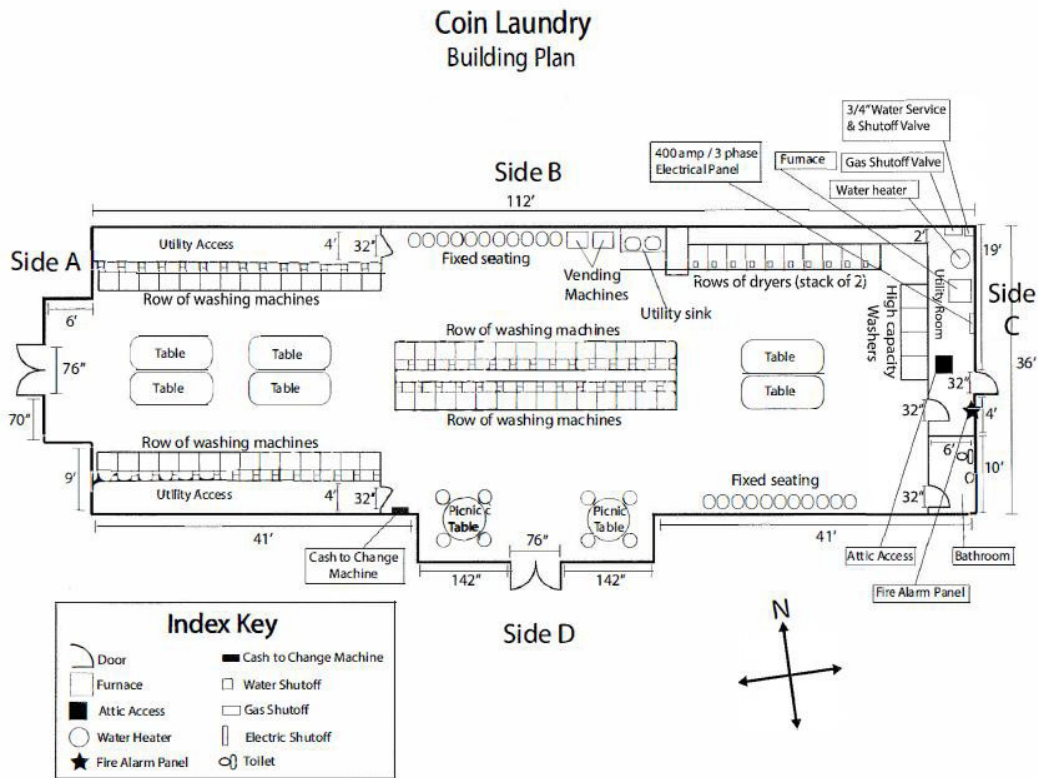
Candidate Name _____ **SSN#** _____ (Last 4-digits)

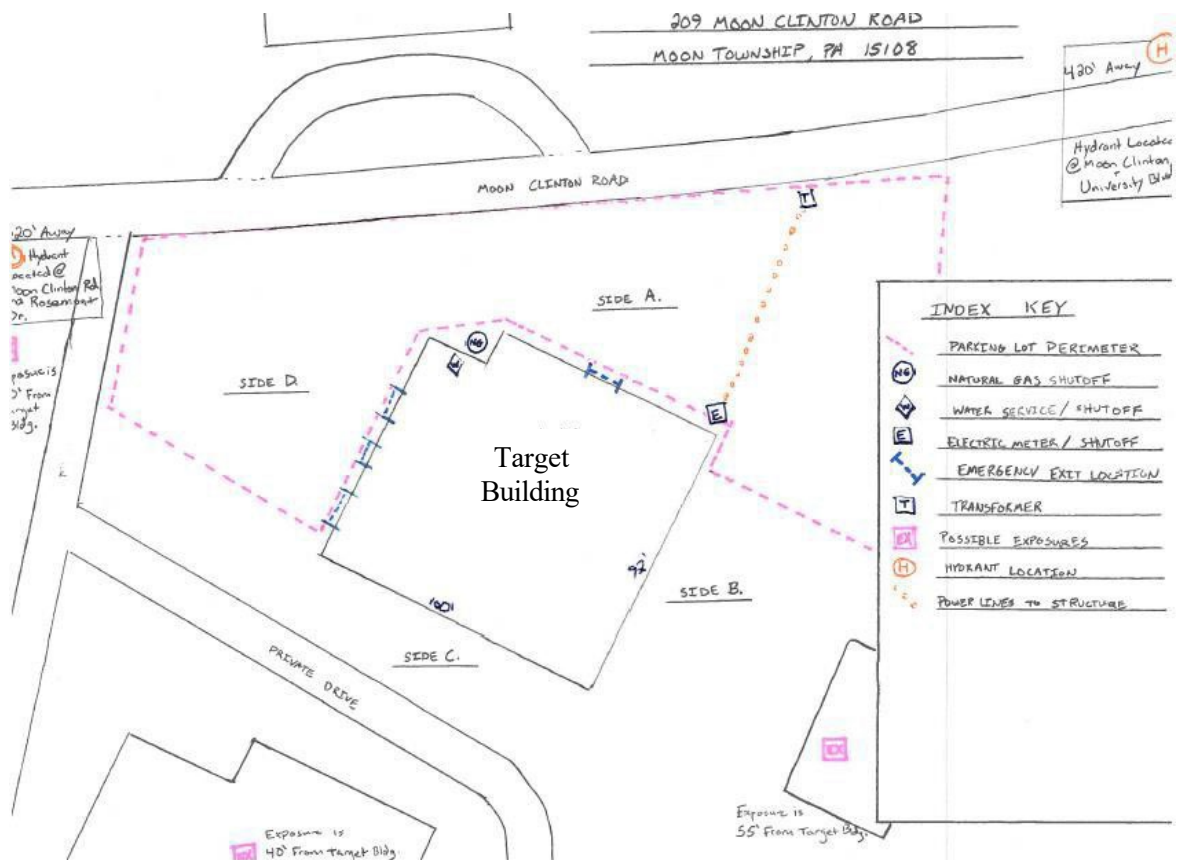
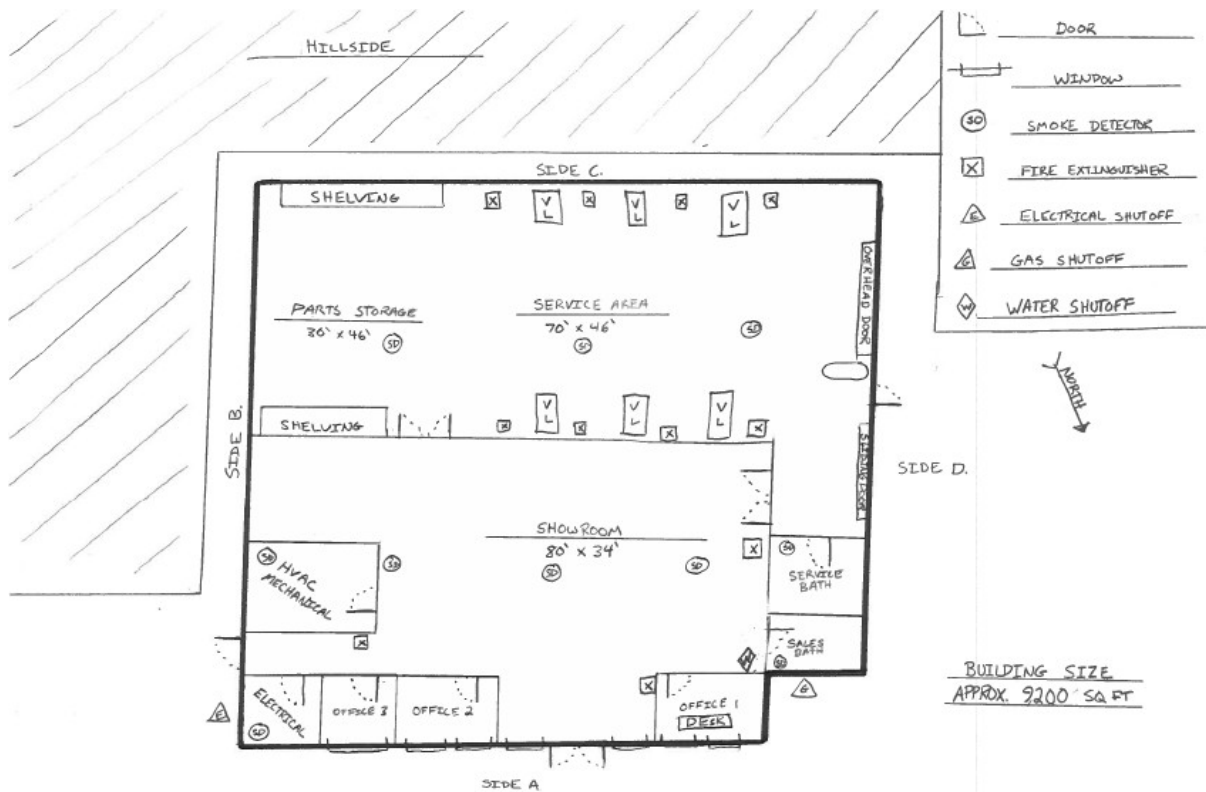
Residential

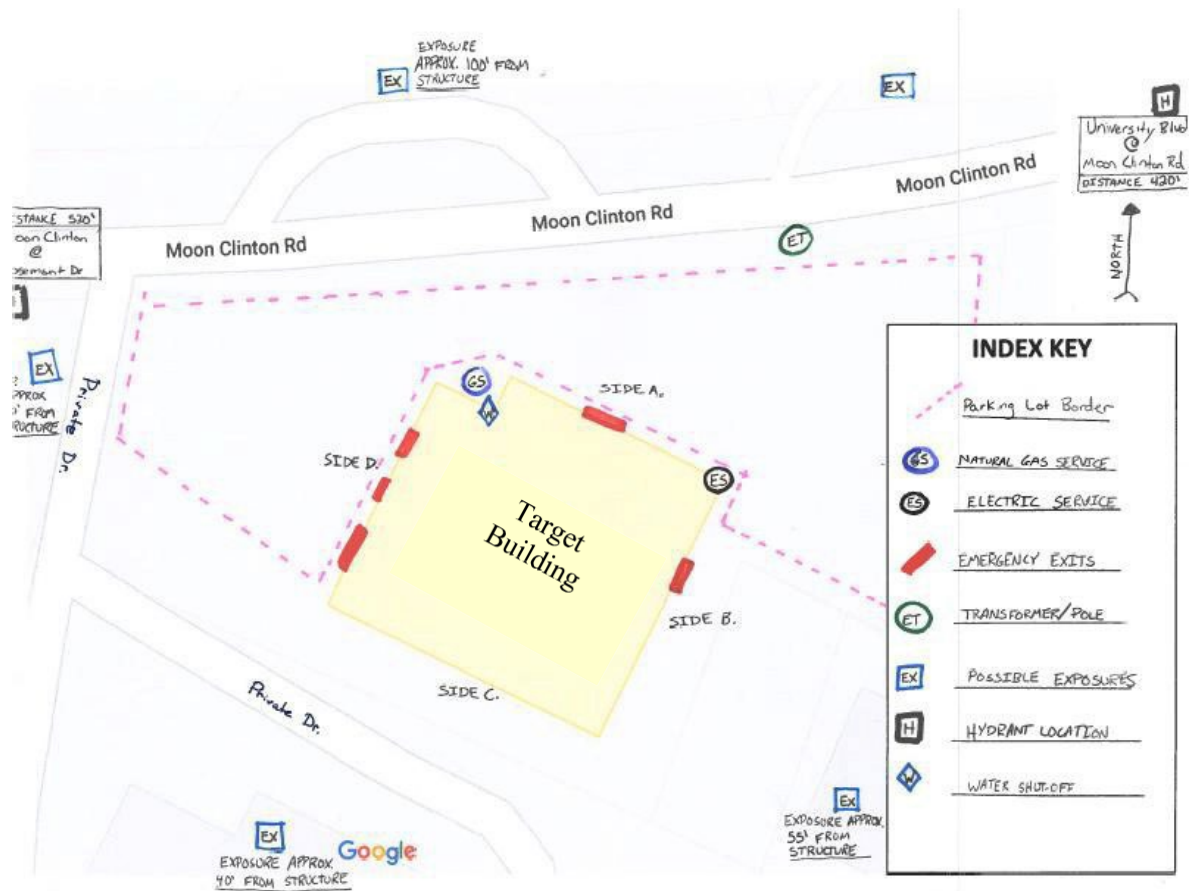
Commercial

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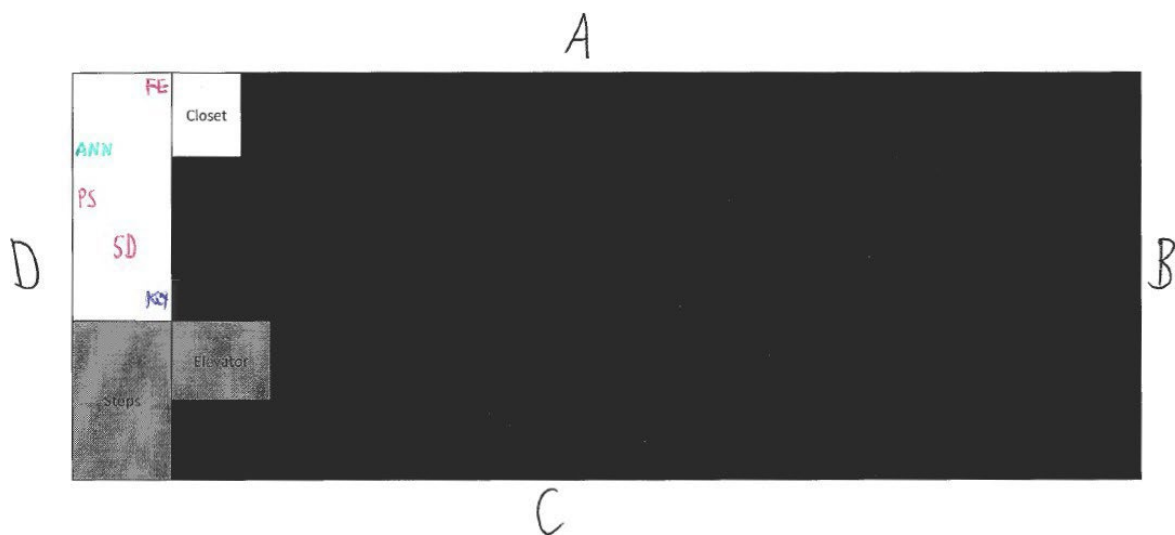
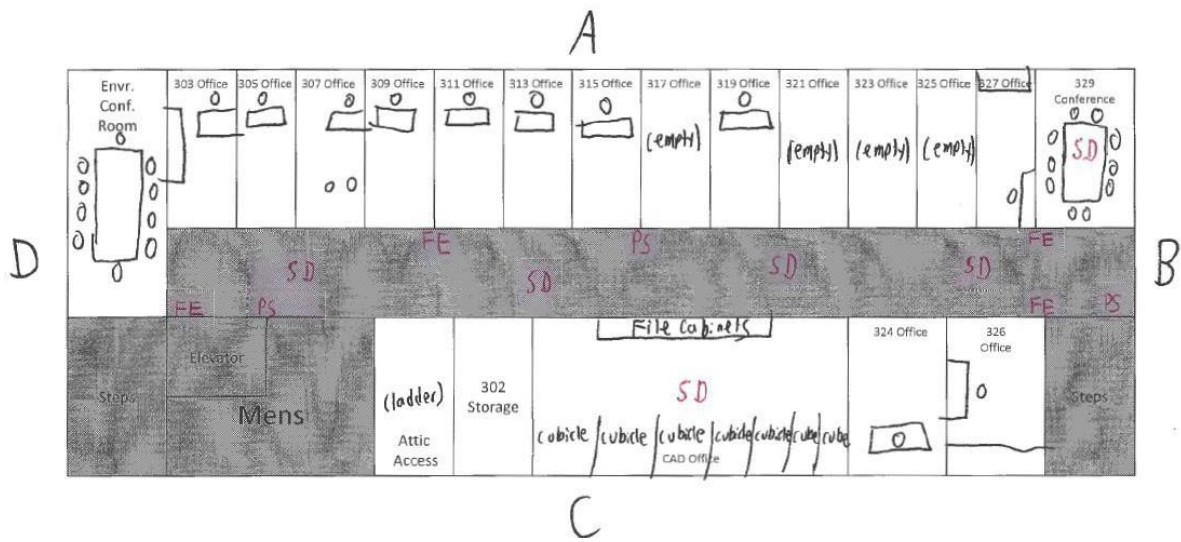
Sample Commercial Building and Plot Plan (Acceptable Formats)



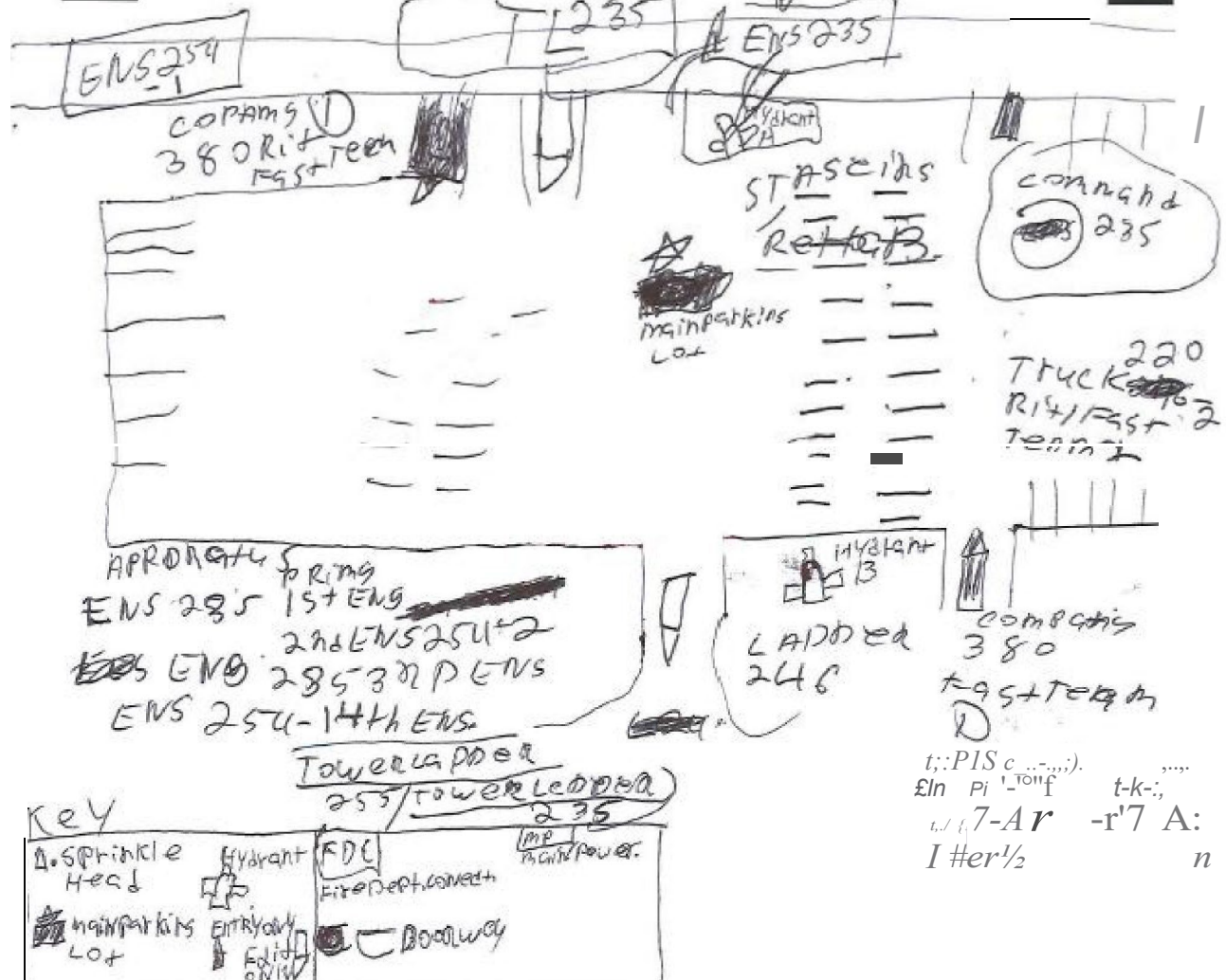
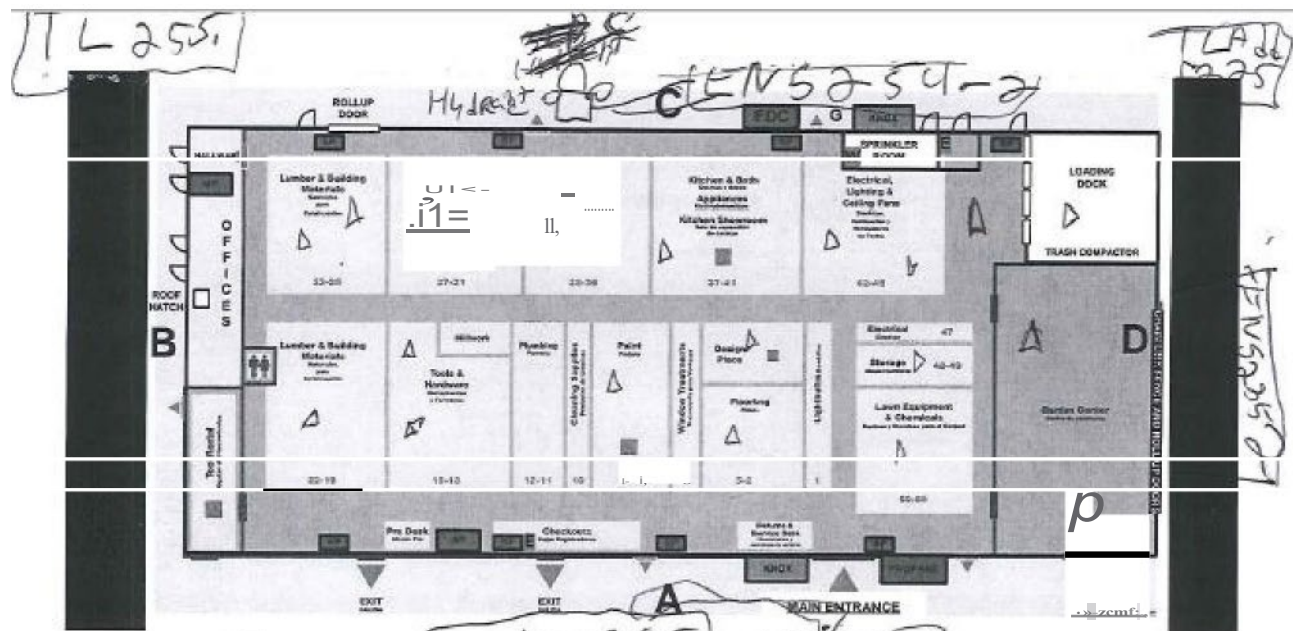




Sample Commercial Building and Plot Plan (Non-acceptable Formats)







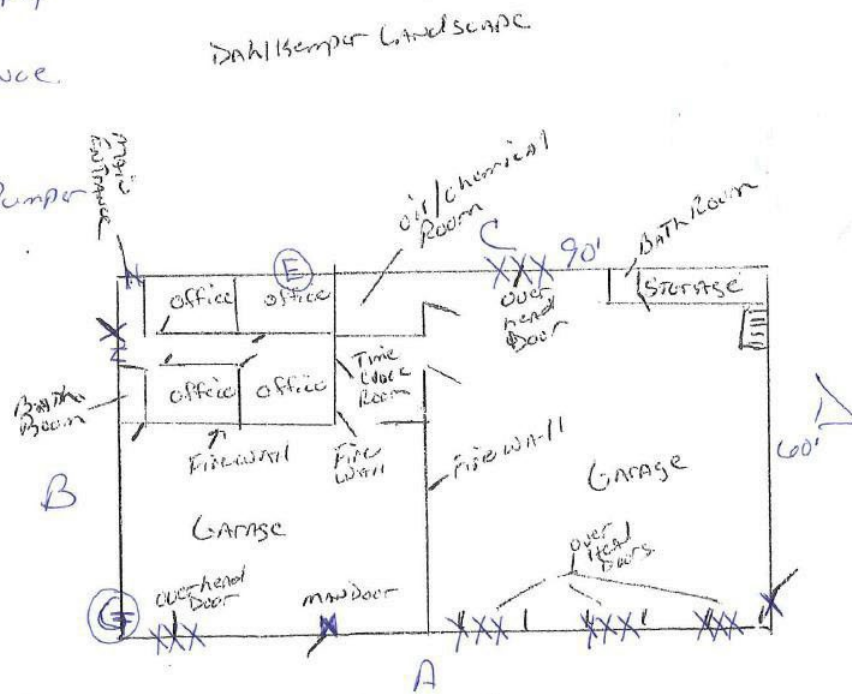
WATER SUPPLY
EAST Pond Pond
Kuhl Hose 68 Pond.

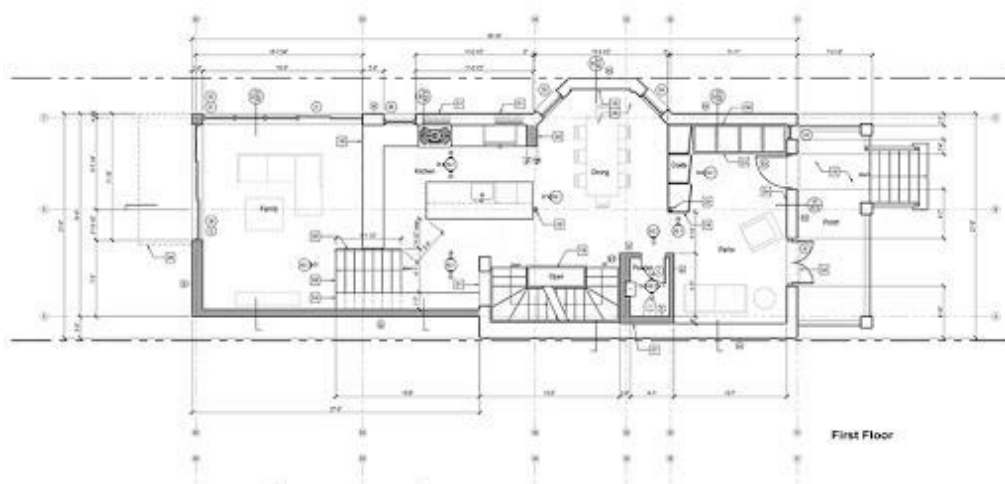
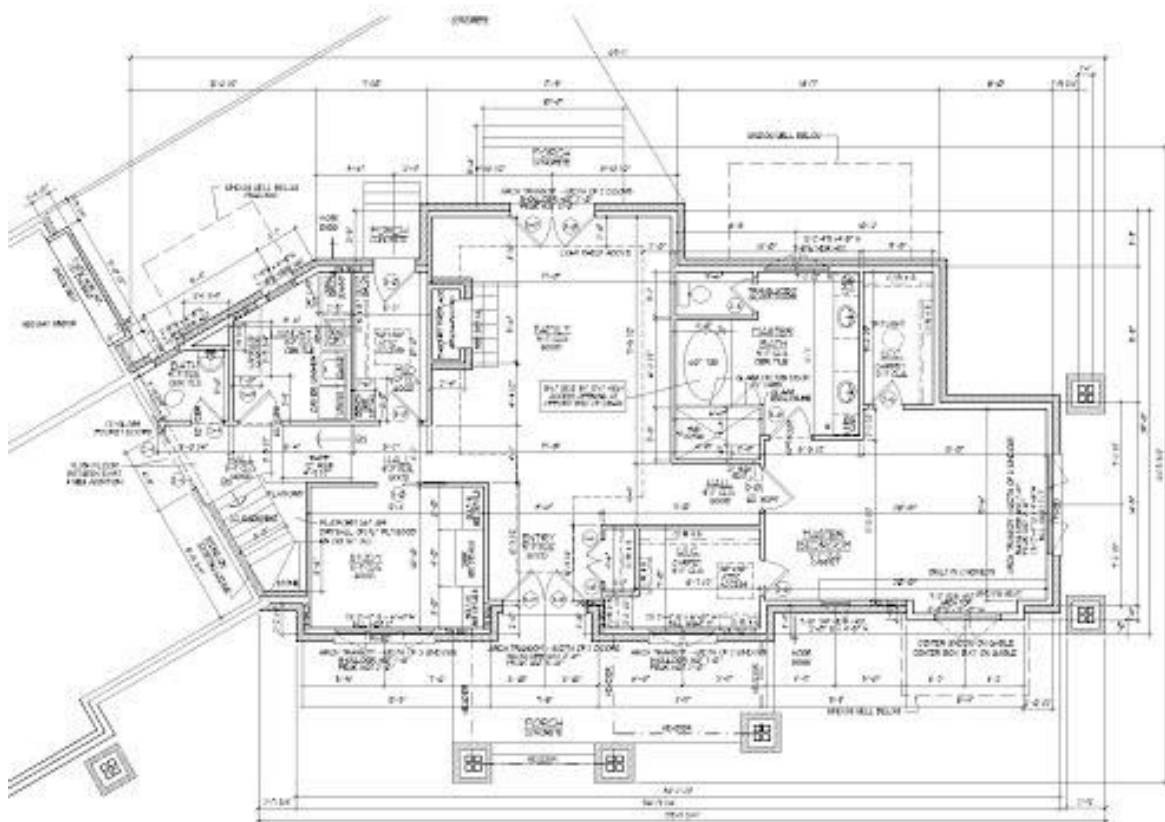
60' x 90'
Buildings
• Exposure 300' away
• NO Sprinkler System

Response Assignment

Kuhl Hose
683 - Attack
682 - Water Supply
685 - Tenders
686 - Tender
687 - Ambulance
Perry Hi Way
429 Truck
438 Tender
423 Attack Pumper

Fuller
209 - RIT

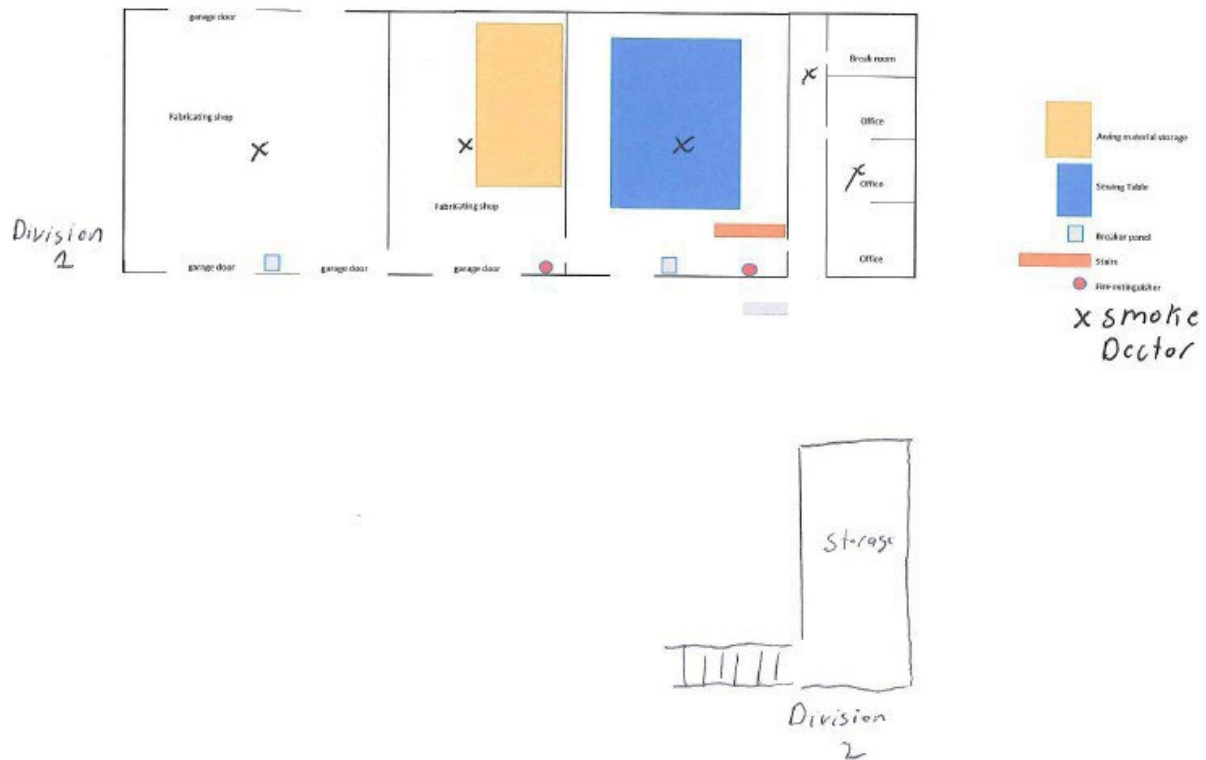
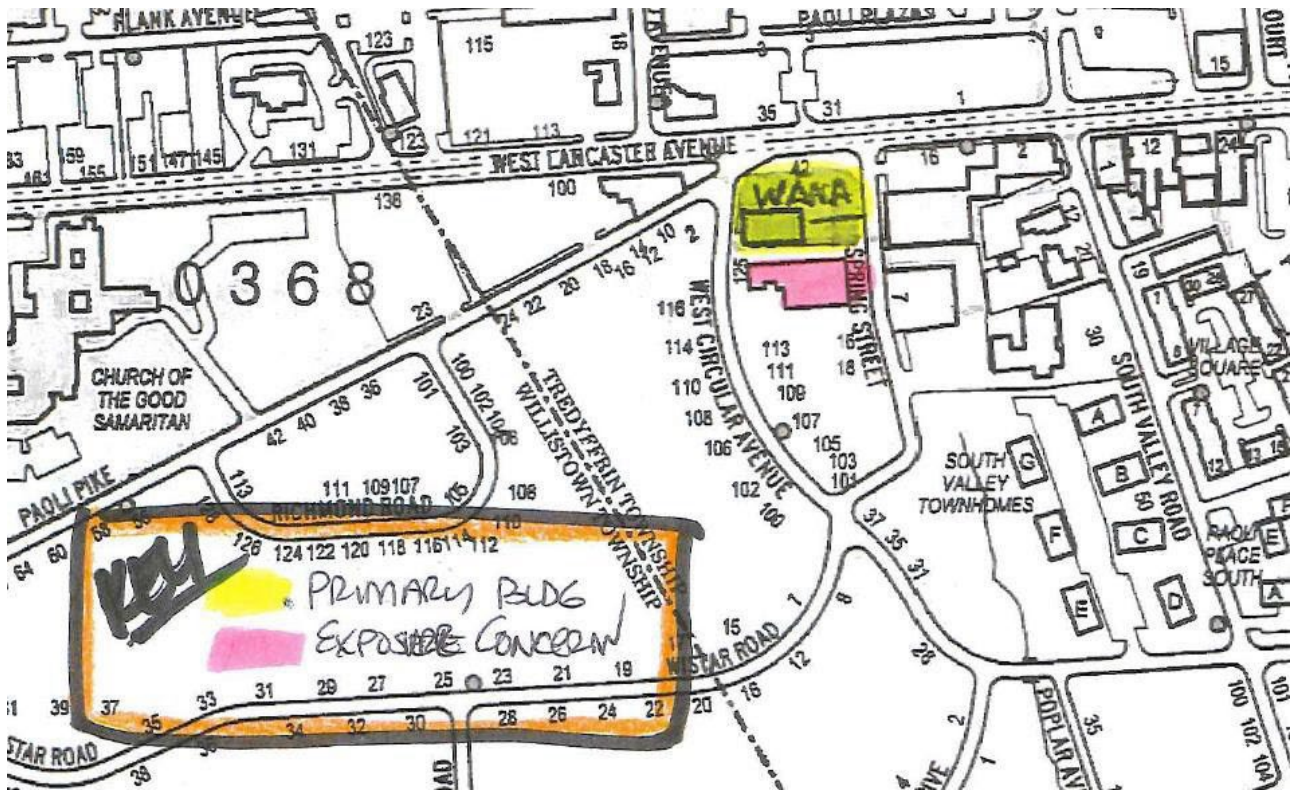






Hydrant on property 200 yds from structure.

Exposes 3 Buildings Vehicles in parking lot.



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 others' 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