Reset Form

VEHICLE RESCUE OPERATIONS CHECK LIST

State Form 54772 (9-11)
DEPARTMENT OF HOMELAND SECURITY / DIVISION OF TRAINING

INSTRUCTIONS:
1. *This form is intended to be used as a record of the student's performance of each skill listed and its associated National Fire Protection Association (NFPA) objective.*
2. *This form will serve as the permanent record for the practical skills testing of Vehicle Rescue Operations.*
3. *This form should be used for the evaluation of the student; however, the evaluator should refer to the Indiana Department of Homeland Security Practical Skills book and NFPA standards for additional guidance on the proper completion of the demonstrated skill.*
4. *Report any errors or problems to the Indiana Department of Homeland Security Certification section at 1-800-666-7784.*

REMINDER: *A skill may not be evaluated by the instructor who taught that skill.*

Name of student (*last, first, middle*)	Public safety identification number	Date of examination *(month, day, year)*
Name of fire department / agency		County
Location of test		DHS course number

SKILL	OBJECTIVE	DATE (*month, day, year*)	PASS / FAIL	SIGNATURE OF EVALUATOR
Size up	NFPA 1670; 8.3.4 (1); 2009 Edition			
Identify probable victim locations	NFPA 1670; 8.3.4 (2); 2009 Edition			
Make rescue area safe	NFPA 1670; 8.3.4 (3); 2009 Edition			
Identify / control / stop fuel release	NFPA 1670; 8.3.4 (4); 2009 Edition			
Protect / package / access victims	NFPA 1670; 8.3.4 (5, 6, 7); 2009 Edition			
Perform extrication / disentanglement	NFPA 1670; 8.3.4 (8); 2009 Edition			
Hazard mitigation / traffic control	NFPA 1670; 8.3.4 (9, 11); 2009 Edition			

LEAD EVALUATOR CERTIFICATION OF SKILLS

I hereby certify that the student identified on this form has successfully completed all of the practical skills listed above. Falsification of this information may result in disciplinary action against the instructor or evaluator by the Board of Firefighter Personnel Standards and Education.

Signature of lead evaluator	Printed name of lead evaluator	Certification number	Date (*month, day, year*)