



# FIRE OFFICER I PRACTICAL SKILLS EVALUATION CHECK LIST

State Form 53526 (R / 8-10)  
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 Fire Officer 1 and should be kept in the personnel records at the fire department.
  3. This form should be used for the evaluation of the student; however, the evaluator should refer to the Indiana Firefighting Training System 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 Firefighting Training System Certification section at 1-800-666-7784.

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

Name of student ( <i>last, first, middle</i> )	Driver's license number	PSID number
Name of fire department / agency		County
Location of test	E-mail address	DHS course number

SKILL	OBJECTIVE	FAIL	FAIL	FAIL	PASS	DATE ( <i>month, day, year</i> )	SIGNATURE OF EVALUATOR
Human Resource Management	NFPA 1021; 4.2.1; 4.6.4; 2003 Edition						
Human Resource Management	NFPA 1021; 4.2.2; 4.2.6; 2003 Edition						
Human Resource Management	NFPA 1021; 4.2.3; 2003 Edition						
Human Resource Management	NFPA 1021; 4.2.4; 4.2.5; 2003 Edition						
Community & Government	NFPA 1021; 4.3.1; 4.3.4; 2003 Edition						
Community & Government	NFPA 1021; 4.3.2; 2003 Edition						
Community & Government	NFPA 1021; 4.3.3; 2003 Edition						
Administration	NFPA 1021; 4.4.1; 4.4.2; 2003 Edition						
Administration	NFPA 1021; 4.4.3; 2003 Edition						
Inspection & Investigation	NFPA 1021; 4.5.1; 4.5.2; 2003 Edition						
Emergency Service Delivery	NFPA 1021; 4.6.1; 2003 Edition						
Emergency Service Delivery	NFPA 1021; 4.6.2; 4.6.3; 2003 Edition						
Health & Safety	NFPA 1021; 4.7.1; 2003 Edition						

### LEAD EVALUATOR CERTIFICATION OF SKILLS

By placing my signature below, I attest, under penalty of perjury that each practical skill outlined in the rules has been successfully completed by the candidate for the specific certification being applied for as prescribed by the Indiana Board of Firefighter Personnel Standards and Education.

Signature of evaluator	Printed name of evaluator	PSID number	Date ( <i>month, day, year</i> )
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