



FIRE OFFICER II PRACTICAL SKILLS EVALUATION CHECK LIST

State Form 53527 (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 II 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.

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|--|-------------------------|-------------------|
| 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; 5.2.1; 2003 Edition | | | | | | |
| Human Resource Management | NFPA 1021; 5.2.2; 2003 Edition | | | | | | |
| Administration | NFPA 1021; 5.4.1; 2003 Edition | | | | | | |
| Administration | NFPA 1021; 5.4.2; 2003 Edition | | | | | | |
| Administration | NFPA 1021; 5.4.3; 2003 Edition | | | | | | |
| Administration | NFPA 1021; 5.4.4; 2003 Edition | | | | | | |
| Administration | NFPA 1021; 5.4.5; 2003 Edition | | | | | | |
| Inspection & Investigation | NFPA 1021; 5.5.1; 2003 Edition | | | | | | |
| Inspection & Investigation | NFPA 1021; 5.5.2; 2003 Edition | | | | | | |
| Emergency Service Delivery | NFPA 1021; 5.6.1; 2003 Edition | | | | | | |
| Emergency Service Delivery | NFPA 1021; 5.6.2; 2003 Edition | | | | | | |
| Safety | NFPA 1021; 5.7.1; 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.

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