



**VERTICAL VENTILATION**



CANDIDATE NAME (PLEASE PRINT)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
<b>Primary Task</b>	Vertical Ventilation	<b>JPR(s)</b>	5.3.12
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	15-1
<b>Candidate Instruction</b>	The candidate, wearing full protective equipment and SCBA and given the necessary tools and equipment, shall demonstrate making an adequate opening in the roof for ventilation purposes, ensuring they adhere to all safety practices.		State Maximum Allotted 10 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
<b>VERTICAL VENTILATION</b>						
Wearing complete personal protective clothing.	<input type="checkbox"/>					
Organizes and collects necessary equipment ensuring all tools are started and checked at ground level.	<input type="checkbox"/>					
Checks for unsafe conditions including wind conditions and provides two means of egress.	<input type="checkbox"/>					
Selects suitable location to ventilate.	<input type="checkbox"/>					
Sounds roof with tool before climbing on roof and works safely from roof ladder. <b>—CRITICAL POINT</b>	<input type="checkbox"/>					
Marks location for opening and starts cutting farthest from roof ladder.	<input type="checkbox"/>					
Creates an opening (minimum 4' x 4') and removes all interior barriers including ceiling materials.	<input type="checkbox"/>					
Avoids cutting structural members.	<input type="checkbox"/>					
Leaves roof when task complete.	<input type="checkbox"/>					

<b>Firefighter must have at least 70% pass mark for each skill and perform all critical points (7/9 required).</b>	<b>Score: ___ / 9</b>
--	-----------------------

NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 9	/ 9	/ 9
TIME			
EVALUATORS COMMENTS			

PRINT NAME FIRST EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE FIRST EVALUATOR <b>X</b>		<b>Overall Skill Sheet Score</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail
PRINT NAME SECOND EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE SECOND EVALUATOR <b>X</b>		<b>Overall Skill Sheet Score</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail
PRINT NAME THIRD EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE THIRD EVALUATOR <b>X</b>		<b>Overall Skill Sheet Score</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail