



**IGNITABLE LIQUID FIRE**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER II	PRACTICAL SKILL EVALUATION		
<b>Primary Task</b>	Ignitable Liquid Fire	<b>JPR(s)</b>	6.3.1
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	24-1
<b>Candidate Instruction</b>	The candidate wearing personal protective clothing including SCBA, given foam equipment, foam and an assignment shall extinguish an ignitable liquid fire operating as a member of a team. The team will properly proportion, apply and maintain a foam stream and blanket to safely control the hazard.		State Maximum Allotted 10 minutes

**THIS SKILL MAY BE CONDUCTED USING THE "FLIP THE SWITCH" METHOD.**

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
<b>Safely performs the following steps:</b>						
Dons full personal protective equipment including SCBA and maintains team accountability. — <b>CRITICAL POINT</b>	<input type="checkbox"/>					
Identifies and provides means of retreat and safe haven.	<input type="checkbox"/>					
Selects appropriate foam for the application.	<input type="checkbox"/>					
Correctly sets up equipment.	<input type="checkbox"/>					
Proportions foam in correct ratio.	<input type="checkbox"/>					
Handles hose line correctly advancing hose line as a team.	<input type="checkbox"/>					
Uses appropriate application techniques for foam / fuel type.	<input type="checkbox"/>					
Extinguishes fire safely and efficiently. — <b>CRITICAL POINT</b>	<input type="checkbox"/>					
The hazard is faced until retreat to safe haven is reached.	<input type="checkbox"/>					

<b>Firefighter must have at least 70% pass mark for each skill and perform all critical points (7/9 required). The charter training program may demonstrate and / or simulate this skill.</b>	<b>Score: ___ / 9</b>
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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