



**FLAMMABLE GAS FIRE**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER II	PRACTICAL SKILL EVALUATION		
<b>Primary Task</b>	Flammable Gas Fire	<b>JPR(s)</b>	6.3.3
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	25-1
<b>Candidate Instruction</b>	The candidate wearing personal protective clothing including SCBA, given a fire apparatus, and working as part of a team, shall successfully control and extinguish a flammable gas fire.		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>						
Wears personal protective equipment including SCBA. — <b>CRITICAL POINT</b>	<input type="checkbox"/>					
Identifies, controls, and avoids hazards (approaches from side, vapor density of product, ignition sources).	<input type="checkbox"/>					
Selects and advances fire hose correctly using a minimum of two 1 ½" hoselines capable of a fog stream.	<input type="checkbox"/>					
Safe havens and accountability in place before advancing. — <b>CRITICAL POINT</b>	<input type="checkbox"/>					
Uses streams effectively to protect and cool where necessary (fog for protection, straight stream for cooling).	<input type="checkbox"/>					
Shuts off fuel supply.	<input type="checkbox"/>					
Crew integrity is maintained.	<input type="checkbox"/>					
The cylinder is faced during approach and retreat.	<input type="checkbox"/>					

<b>Firefighter must have at least 70% pass mark for each skill and perform all critical points (6/8 required). The charter training program may demonstrate and / or simulate this skill.</b>	<b>Score: ___ / 8</b>
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NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 8	/ 8	/ 8
TIME			

EVALUATOR 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