



RESTRICTED PASSAGE



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|-------------------------------|-----------|
| CANDIDATE NAME (Please Print) | DATE |
| CHARTER | CHARTER # |

| FIREFIGHTER I | PRACTICAL SKILL EVALUATION | | |
|------------------------------|---|------------------|----------------------------------|
| Primary Task | Restricted Passage | JPR(s) | 5.3.1, 5.3.9 |
| Reference Source | NFPA 1001 Standard, 2013 Edition | Skill No. | 5-1 |
| Candidate Instruction | The candidate wearing personal protective equipment including SCBA/breathing air, and with obscured vision, shall demonstrate procedures that require a rapid escape from a restricted passage and implement the steps required to safely exit. | | State Maximum Allotted 4 minutes |

| PERFORMANCE STEPS | TEST 1 | | RETEST 2 | | RETEST 3 | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| RESTRICTED PASSAGE PROCEDURES | P | F | P | F | P | F |
| Wearing PPE and SCBA before entering hazardous atmosphere. | <input type="checkbox"/> |
| Reduce profile and attempt to pass through restriction. | <input type="checkbox"/> |
| Shall loosen parts of the SCBA harness or remove backpack completely as necessary to pass through restriction. | <input type="checkbox"/> |
| Pass through restricted opening while maintaining protection of full PPE including control of low pressure line. — CRITICAL POINT | <input type="checkbox"/> |
| Place SCBA back in correct position. — CRITICAL POINT | <input type="checkbox"/> |

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| Firefighter must have at least 70% pass mark for each skill and perform all critical points (4/5 required). | Score: ___/ 5 |
|--|----------------------|

| NUMBER OF ATTEMPTS | TEST 1 | RETEST 2 | RETEST 3 |
|---------------------|--------|----------|----------|
| SCORE | / 5 | / 5 | / 5 |
| TIME | | | |
| EVALUATORS COMMENTS | | | |

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