



KNOTS AND HOISTING



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
Primary Task	Knots and Hoisting	JPR(s)	5.1.2, 5.3.20
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	2-1
Candidate Instruction	The candidate, wearing protective clothing and given fire service rope(s), shall tie an appropriate knot and hoist listed equipment. The candidate shall demonstrate each of the following with appropriate overhand safety: bowline, clove hitch, figure eight follow through, figure eight on a bight, and becket (sheet) bend with appropriate overhand safety.		State Maximum Allotted 10 minutes

PERFORMANCE STEPS	TEST1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
Safely performs the following steps:						
Wearing complete personal protective clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly ties the following knots: bowline, clove hitch, figure eight follow through, figure eight on a bight, becket (sheet) bend. All five (5) knots must be completed with the appropriate overhand safety. — CRITICAL POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ties a secure and appropriate knot for one of the following pieces of equipment: pick head axe, exhaust fan, uncharged section of 1 ½” or 1 ¾”, charged section of 1 ½” or 1 ¾”, roof ladder, and pike pole. — CRITICAL POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoists tools and / or equipment without complications. — CRITICAL POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Firefighter must have at least 70% pass mark for each skill and perform all critical points (3/4 required).	Score: ____ / 4
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NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 4	/ 4	/ 4
TIME			
EVALUATOR 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