



**COMMUNICATIONS - RADIO**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
<b>Primary Task</b>	Communications - Radio	<b>JPR(s)</b>	5.2.3
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	3-1
<b>Candidate Instruction</b>	The candidate shall demonstrate transmitting and receiving radio messages using a two-way portable radio.		State Maximum Allotted 1 minute

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
<b>USING A TWO-WAY RADIO</b>						
Checks equipment and ensures that radio is on correct frequency, battery is fully charged, and radio is ready to be used. — <b>CRITICAL POINT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waits for open channel prior to transmitting ensuring that they are not interrupting other transmissions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins with call sign of station being called.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses radio phonetics correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmits message clearly, concisely, and using clear speech (no codes). — <b>CRITICAL POINT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Firefighter must have at least 70% pass mark for each skill and perform all critical points (4/5 required).</b>	<b>Score: ___ / 5</b>
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NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 5	/ 5	/ 5
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