



**FORCIBLE ENTRY**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
<b>Primary Task</b>	Forcible Entry	<b>JPR(s)</b>	5.3.4
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	6-1
<b>Candidate Instruction</b>	The candidate, wearing protective clothing and given a selection of forcible entry tools, shall demonstrate procedures for forcing their way into one, or a combination of the following: doors, windows, or through walls. The charter training program may demonstrate and / or perform this skill using props.		State Maximum Allotted 5 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
Safely performs the following steps:	P	F	P	F	P	F
Wearing complete personal protective clothing. — <b>CRITICAL POINT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selects proper forcible entry tool for task and identifies locking mechanism or obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies potential hazards. — <b>CRITICAL POINT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opens door, window, or wall using approved methods. — <b>CRITICAL POINT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Props open door or window to prevent closure OR ensures it is safe to force their way through a wall.	<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