



OHIO DEPARTMENT OF PUBLIC SAFETY  
**SECURING BUILDING UTILITIES**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I		PRACTICAL SKILL EVALUATION	
<b>Primary Task</b>	Turn off Building Utilities at the Emergency Scene Securing Building Utilities	<b>JPR(s)</b>	5.3.18
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	19-1
<b>Candidate Instruction</b>	The candidate, wearing personal protective clothing, employing all safety precautions, and given tools, shall demonstrate the ability to secure building utilities.		State Maximum Allotted 3 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
<b>SECURING BUILDING UTILITIES</b>						
Wearing complete personal protective clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies utility control device and selects proper tool to shut off supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies hazards present and controls / avoids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses proper methods to safely secure utilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures utility company has been called.	<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). The charter training program may demonstrate and / or simulate this skill.</b>					<b>Score: ___ / 5</b>	

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