



HOME FIRE SAFETY SURVEY



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER II	PRACTICAL SKILL EVALUATION		
Primary Task	Home Fire Safety Survey	JPR(s)	6.5.1
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	27-1
Candidate Instruction	The candidate, given an inspection scenario and appropriate forms, shall perform a fire safety survey of a private dwelling so that fire and life safety hazards are identified and recommendations for corrections are made.		State Maximum Allotted 20 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
Safely performs the following steps:						
Identifies himself or herself, the purpose of the visit, and requests permission to conduct survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspects ALL areas inside of dwelling for life safety hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes note of smoke and carbon monoxide detectors (recommends to occupant to install if there are none).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspects exterior of dwelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informs dwelling occupant / owner of findings and proper methods of correction.	<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 (4/5 required). Charter training program may demonstrate / simulate this skill.	Score: ___ / 5
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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 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