



PRE - INCIDENT SURVEY



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER II	PRACTICAL SKILL EVALUATION		
Primary Task	Pre - Incident Survey	JPR(s)	6.5.3
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	29-1
Candidate Instruction	The candidate, given access to a commercial building, and given the necessary supplies such as note paper, pencils, rulers, and graph paper shall prepare a pre - incident survey.		State Maximum Allotted 20 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
Safely performs the following steps:						
Records all ownership data that is pertinent to building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes all utilities, hydrants, fire detection and suppression systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes any hazards that are present (hazardous materials, obstructions to property, obstructions for egress for occupants).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes accurate sketch of building using common symbols and indicating all necessary information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informs building occupant / owner of findings.	<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).	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