



OHIO DEPARTMENT OF PUBLIC SAFETY
**PERSONAL PROTECTIVE EQUIPMENT
 DONNING PPE**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
Primary Task	Personal Protective Equipment-Donning PPE	JPR(s)	5.1.2
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	1-2
Candidate Instruction	<p>The candidate, given a complete set of personal protective equipment, shall don full personal protective clothing according to manufacturer's recommendations within 1 minute. Candidate shall clap hands or verbalize at completion of skill; this will allow the evaluator to stop time when clap of hands or verbal indication is heard.</p> <p>Timing starts when the candidate first touches any article of turnout gear after telling the evaluator he or she is ready to start. Timing will end when all protective clothing is donned and the candidate has clapped hands or verbalized completion of the skill.</p>		State Maximum Allotted 1 minute

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
Safely performs the following steps:	P	F	P	F	P	F
Dons boots, pants, protective hood, coat, helmet, and gloves. — CRITICAL POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All personal protective clothing donned properly (no exposed skin except for facial area), helmet strap is tightened, coat collar is up, and all fasteners are secured). — CRITICAL POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill shall be completed within 1 minute. — CRITICAL POINT	<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 (3/3 required).	Score: ___ / 3
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NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 3	/ 3	/ 3
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