



**EQUIPMENT MAINTENANCE  
POWER TOOL MAINTENANCE**



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER II		PRACTICAL SKILL EVALUATION	
<b>Primary Task</b>	Equipment Maintenance - Power Tool Maintenance	<b>JPR(s)</b>	6.5.4
<b>Reference Source</b>	NFPA 1001 Standard, 2013 Edition	<b>Skill No.</b>	21-3
<b>Candidate Instruction</b>	The candidate, given a power plant and lighting equipment, shall demonstrate the correct care, servicing and maintenance of the equipment.		State Maximum Allotted 5 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
<b>Safely performs the following steps:</b>						
Checks all fluid levels in tool (gas, oil).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspects all electrical equipment for damage or worn components.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates all equipment according to manufacturer's guidelines ensuring all equipment is working properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans equipment after use and refuels if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies procedures for reporting defective equipment.	<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>
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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