



BALTIMORE COUNTY FIRE RESCUE ACADEMY BASIC FIREFIGHTER SKILLS

ROPES AND KNOTS (Skill Card 7 of 8)

Last name _____ C# _____ Attempt _____ Date _____

This skill card is performed with a minimum of a helmet, fire suppression gloves, turnout pants and eye protection.

Section 1: Candidate shall have **two (2) attempts** to correctly tie each knot, both ends of the rope will be available, and the candidate will be allowed **two (2) minutes for each attempt**.

Section 2: Candidate must complete **all three (3) items within ten (10) minutes**. The knots must be tied in the middle of the rope as neither end of the rope will be available. Candidate shall have **two (2) attempts**.

Any skills not performed requires documentation from the evaluator.

Instructors or field personnel are only to intervene when safety issues arise.

Candidates are not to ask questions or for assistance once time begins.

If the maximum time limit has been reached before the skill is completed, the skill will be terminated and a not performed is checked with supporting documentation.

Section 1 - Knots	1 st Attempt	2 nd Attempt	Not Performed	Evaluator Comments
Clove Hitch	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Safety Knot	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Figure 8	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Figure 8 on a bight	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Figure 8 follow through	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Half Hitch	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Becket Bend	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Section 2 - Items for Hoisting			Not performed or Item fell	
Flat Head Axe	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Charged Hose line	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Ladder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
10 Total possible points, 8 are required to pass. <u>Grey items must be performed.</u>			Total Points	

Candidate _____ Evaluator _____