

FIRE APPARATUS DRIVER OPERATOR – AERIAL

SKILLS CHECKLIST

(Revised 3-3-2022)

The purpose of this checklist is to provide a mechanism for those individuals who have completed all of the required course work but lack the specified two years of driving experience to attain certification at the FADO-Aerial level.

The apparatus utilized for this checklist shall be equipped with an aerial ladder, elevating platform, aerial ladder platform, or water tower of at least 50 feet (15 m) as specified by NFPA 1002 and NFPA 1901.

Applicants are responsible to make all arrangements necessary in order to complete the requirements of this checklist. The applicant should become familiarized with the equipment prior to the evaluation; make all arrangements to obtain equipment, facilities, etc. needed for the evaluation and obtain a qualified evaluator.

Evaluators may be a supervisor or a cleared and qualified operator of the apparatus being utilized for the evaluation. In either case, the evaluator must be well versed in the operation of the equipment, the requirements of this evaluation, the requirements of NFPA 1002 Standard on Fire Apparatus Driver/Operator Professional Qualifications 2017 Edition, be authorized by the sponsoring agency, and hold Instructor I Certification (MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC). Documentation of the Evaluator's Instructor I certification must be included if not on file with the MFSPQB.

If the evaluator is someone other than a duly appointed line officer of the Department then such an officer must countersign this checklist. Regardless of the rank of the Evaluator, the checklist must be countersigned by a supervisor of higher rank.

Applicant's Printed Name: _____

Applicant's Company/Assignment: _____

FADO-Aerial Skills Checklist

Unit / Date / Evaluator

1. Perform a preventive maintenance inspection on a fire department aerial apparatus, to ensure its operational readiness. Check all components for proper operation, given hand tools and the policies and procedures of the jurisdiction, document results and report deficiencies.

Attach copy of completed PM sheet

(and R&R if required).

[1002; 4.2.1, 4.2.2, 6.1.1]

_____/_____/_____

Include the following:

- a. Cable systems (if applicable).

_____/_____/_____

- b. Aerial device hydraulic system.

_____/_____/_____

- c. Slides and rollers.

_____/_____/_____

- d. Stabilizing systems.

_____/_____/_____

- e. Aerial device safety systems.

_____/_____/_____

- f. Breathing air systems.

_____/_____/_____

- g. Communication systems.

_____/_____/_____

2. Perform the following practical driving exercises, while wearing passenger restraint devices, given a fire department aerial apparatus and a spotter for backing, so that the exercises are performed safely and without striking the vehicle or obstructions:

- a. Alley dock.
[1002; 4.3.2]

_____/_____/_____

- b. Serpentine (forward & reverse).
[1002; 4.3.3]

_____/_____/_____

- c. Confined space turnaround.
[1002;4.3.4]

_____/_____/_____

FADO-Aerial Skills Checklist

Unit / Date / Evaluator

- d. Diminishing clearance exercise (in areas with restricted horizontal and vertical clearances). [1002; 4.3.5] _____ / _____ / _____

- 3. Operate a fire department aerial apparatus on public roadways, while wearing passenger restraint devices, over a predetermined route, so that the vehicle is operated safely and in compliance with all applicable laws, rules, regulations, etc. [1002; 4.3.1]
 - a. Four (4) left turns. _____ / _____ / _____
 - b. Four (4) right turns. _____ / _____ / _____
 - c. One (1) mile of straight roadway (urban street or two lane rural road). _____ / _____ / _____
 - d. One (1) through intersection. _____ / _____ / _____
 - e. Two (2) intersections requiring the vehicle to stop. _____ / _____ / _____
 - f. One (1) railroad crossing. _____ / _____ / _____
 - g. One (1) curve (left or right). _____ / _____ / _____
 - h. One (1) limited access highway to include an entrance and exit ramp and a section of road long enough to allow two lane changes. _____ / _____ / _____
 - i. One (1) downgrade steep enough and long enough to require downshifting, throttle adjustment and/or braking to maintain an appropriate speed. _____ / _____ / _____
 - j. One (1) upgrade steep enough and long enough to require gear changing and/or throttle adjustment to maintain an appropriate speed. _____ / _____ / _____

FADO-Aerial Skills Checklist

Unit / Date / Evaluator

- k. One (1) underpass or low clearance obstacle or bridge. _____ / _____ / _____

- 4. Operate a fire department aerial apparatus given an assignment, while wearing passenger restraint devices, using defensive driving techniques so that control of the vehicle is maintained. (Simulated emergency driving conditions should be limited to a controlled area. Public ways should NOT be used for these activities.) [1002; 4.3.6] _____ / _____ / _____

- 5. Operate all fixed systems and equipment on the given fire department aerial apparatus in accordance with applicable instructions, policies and procedures. [1002; 4.3.7] _____ / _____ / _____

- 6. Maneuver and position a fire department aerial apparatus, given an incident location, a situation description, and an assignment, so that the apparatus is positioned for correct aerial device deployment. [1002; 6.2.1] _____ / _____ / _____

- 7. Lower an aerial device using the emergency operating system so that the aerial device is lowered to its bedded position. [1002; 6.2.4] _____ / _____ / _____

FADO-Aerial Skills Checklist

Skills Checklist must be an original document, for the specific apparatus type per the application (apparatus equipped with a fire or attack pump), **ALL signatures in a contrasting color ink** AND include a day time phone number for the signing official(s).

Photocopies or facsimiles will not be accepted.

I, the undersigned Applicant, certify by my signature that I fully understand that my significant misstatement in or omission from this document constitutes cause for denial of certification. All information attested to by me in this document is true to the best of my knowledge and belief.

Applicant's signature: _____ Date: _____

I, the undersigned Evaluator, certify by my signature that I observed the completion of the skills enumerated in this document by the applicant named above, and that I fully understand that my significant misstatement in or omission from this document constitutes cause for denial of certification. All information attested to by me in this document is true to the best of my knowledge and belief.

Evaluator's printed name: _____ Title: _____

Evaluator's signature: _____ Date: _____

Daytime phone number: _____

I, the undersigned Officer / Supervisor of the Evaluator named above, certify by my signature that the Evaluator is well versed in the operation of the apparatus utilized for the evaluation, the requirements of this evaluation, is authorized by the sponsoring agency to conduct this evaluation, holds Instructor I Certification (MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC, documentation attached if not on file with the MFSPQB) and that I fully understand that my significant misstatement in or omission from this document constitutes cause for denial of certification. All information attested to by me in this document is true to the best of my knowledge and belief.

Officer / Supervisor's printed name: _____ Title: _____

Officer / Supervisor's signature: _____ Date: _____

Daytime phone number: _____