

# **FIRE APPARATUS DRIVER OPERATOR – PUMPER**

## **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-Pumper level.

The apparatus utilized for this checklist shall be equipped with a permanently mounted pump of at least 750 gallons per minute (3000 L/min) capacity, a water tank of with a minimum capacity of 300 gallons (1100 L), and a hose body 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-Pumper Skills Checklist*

Unit / Date / Evaluator

1. Perform a preventive maintenance inspection on a fire department pumper, 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, 5.1.2]

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Including the following:

- a. Water tank (and other agents if applicable).
  - b. Pump systems.
  - c. Foam systems.
- 
2. Perform the following practical driving exercises while wearing passenger restraint devices, given a fire department pumper 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]

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- d. Diminishing clearance exercise (in areas with restricted horizontal and vertical clearances).

[1002; 4.3.5]

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*FADO-Pumper Skills Checklist*

Unit / Date / Evaluator

- 3. Operate a fire department pumper 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. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - k. One (1) underpass or low clearance obstacle or bridge. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*FADO-Pumper Skills Checklist*

Unit / Date / Evaluator

- 4. Operate a fire department pumper 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, 5.2.1] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 5. Operate all fixed systems and equipment on the given fire department pumper in accordance with applicable instructions, policies and procedures. [1002; 4.3.7] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 6. Establish and operate in work areas at emergency and nonemergency scenes, given safety equipment, traffic and scene control devices, traffic and other hazards, an assignment and SOPs, so that protected work areas are established, and the driver/operator performs assigned tasks only in established and protected work areas. [1002; 5.2.2] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 7. Connect a fire department pumper to a water supply as a member of a team, given supply or Intake hose, hose tools and a fire hydrant or static water source, so that connections are tight and water flow is unobstructed. [1002; 5.2.3] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*FADO-Pumper Skills Checklist*

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8. Produce effective hand or master streams, so that the pump is engaged, all pressure control and vehicle safety devices are set, the rated flow of the nozzle is achieved and maintained, and the apparatus is monitored for potential problems. [1002; 5.2.4]
- a. From internal tank. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- b. From a hydrant or relay engine. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- c. From a static source. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- d. Transfer from internal tank to external source. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
9. Pump a supply line of 2 ½ inches (65 mm) or larger, given a relay pumping evolution, the length and size of the line and the desired flow and intake pressure, so that the correct pressure and flow are provided to the next pumper in the relay. [1002; 5.2.5] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
8. Produce a foam fire stream, given foam producing equipment, so that proportioned foam is produced. [1002; 5.2.6] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
10. Supply water to fire department sprinkler and standpipe systems, so that water is supplied to the system at the correct volume and pressure. (Using training props is preferred for this evolution. If a privately owned system must be utilized, gain the owner’s permission and DO NOT pump water into the system but simulate that portion of the exercise). [1002; 5.2.7] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*FADO-Pumper 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:** \_\_\_\_\_