FIRE APPARATUS DRIVER OPERATOR – PUMPER

SKILLS CHECKLIST

(Revised 9-1-2022)

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 <u>must</u> be included with this checklist.**

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: _____

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]   _____/_____/_____

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.   _____/_____/_____

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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 <u>NOT</u> 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]   _____/_____/_____

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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 <u>DO</u> <u>NOT</u> pump
    water into the system but simulate that portion of
    the exercise).
    [1002; 5.2.7]   _____/_____/_____

FADO-Pumper Skills Checklist

Skills Checklist <u>must</u> 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. <u>Documentation of my Instructor I Certification (MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC) is included with this document.</u> 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, and holds Instructor I Certification (MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC). <u>Documentation of the Evaluator's Instructor I certification is included with this document.</u> 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: _____