

# FIRE APPARATUS DRIVER OPERATOR – TILLER

## 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-Tiller level.

The apparatus utilized for this checklist shall be a tractor-trailer equipped with an aerial device and with a steering wheel connected to the rear axle for maneuvering the rear portion of the apparatus 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 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:** \_\_\_\_\_

**FADO-Tiller Skills Checklist**

Unit / Date / Evaluator

1. Perform the following practical driving exercises, while wearing passenger restraint devices, from the tiller position, given a qualified driver, a fire department aerial apparatus equipped with a tiller, 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, 7.2.1] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - b. Serpentine (forward & reverse).  
[1002; 4.3.3, 7.2.1] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - c. Confined space turnaround.  
[1002; 4.3.4, 7.2.1] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - d. Diminishing clearance exercise.  
[1002; 4.3.5, 7.2.1] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
2. Operate a fire department aerial apparatus equipped with a tiller, 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] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
3. Demonstrate the operation of the communication system between the tiller operator and the driver.  
[1002; 7.2.2] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FADO-Tiller Skills Checklist**

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- 4. Operate a fire department aerial apparatus equipped with a tiller, while wearing passenger restraint devices from the tiller position on public roadways, 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, 7.2.2]
  - 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) curve (left or right). \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - g. One (1) limited access highway to include an entrance and exit ramp and a section of road long enough to allow two lane changes. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 5. Maneuver and position a fire department aerial apparatus from the tiller position, given the apparatus operating instructions, an incident location, a situation description, and an assignment, so that the apparatus is positioned and stabilized to accomplish the assignment.  
[1002; 7.2.3] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*FADO-Tiller 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. **Documentation of my Instructor I Certification (MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC) is included with this document.** 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). **Documentation of the Evaluator's Instructor I certification is included with this document.** 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: \_\_\_\_\_