



Virginia Department of Fire Programs  
Live Burn Evaluation Fire  
**NFPA 1403 Compliance Officer Evaluation**

Date: \_\_\_\_\_ Course Name: \_\_\_\_\_ Session Number: \_\_\_\_\_  
 Building Type: Live Fire Training Structure Acquired Structure  
 Type Live Fire Training: \_\_\_\_\_ Course Location: \_\_\_\_\_  
 Physical Address of Live Burn: \_\_\_\_\_  
 1403 Compliance Officer: Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
 Live Fire Training: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Instructor-In-Charge (Instructor II required): \_\_\_\_\_

Pre-Burn Checks	YES	NO	Remarks
All participants PPE/SCBA checked			
Communication Plan in-place			
Daily attendance taken			
Dedicated EMS available at site (Transport unit required on site for Acquired Structures)			ALS BLS
Emergency evacuation procedures reviewed with all Participants			
Heat Monitoring System checked, tested, and activated prior to first burn.			
ICS in place with organizational layout			
Instructor-In-Charge & Safety Officer inspected all Class "A" Material or LP Gas supply.			
Instructor-In-Charge or Safety Officer checked & tested LP Emergency Shutoff if applicable			
Live Burn Accountability Forms used for all participants			
Personnel Accountability System in place			
Rehab established for all participants			
Safety meeting with all participants			
Teams established & assignments given			
Training Incident Action Plan On-Site			
Two water supply sources secured			
VDFP Extreme Temperature Chart reviewed and on hand			
Walk thru of structure with all participants			
During Burn/Post Burn Checks	YES	NO	Remarks
All participants rehab after each evolution			
Fire Control Teams rotated one rotation in/one rotation out.			
Random checks of Rehab for participants compliance throughout training event.			
RIT available during all evolutions			
Sufficient water supply for each evolution			
Firefighter Decontamination Performed on all participants at end of training.			



Virginia Department of Fire Programs  
Live Burn Evaluation Fire  
NFPA 1403 Compliance Officer Evaluation

**TRAINING GROUNDS EVALUATION**

Question	Poor			Acceptable				Excellent			YES	NO	N/A
	1	2	3	4	5	6	7	8	9	10			
Assigned tasks for teams													
Objectives assigned to each teams' task													
Evaluation Criteria set for all team objectives													
Team critique held after each evolution													
Did Students appear to meet VDFP objectives?													
Would you recommend any instructor(s) present be reevaluated by VDFP?													
1403 Live Burn Training Evaluation Form completed for each student group for appropriate FF1 or FF2 live burn evaluation?													

**Identify personnel in key command positions as required by the NFPA 1403.**

Incident Commander: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

Rehab Officer: \_\_\_\_\_

RIT Instructor: \_\_\_\_\_

**One interior safety for each floor with live fire or students operating on it.**

Interior Safety: \_\_\_\_\_ Interior Igniter: \_\_\_\_\_

Interior Safety: \_\_\_\_\_ Interior Igniter: \_\_\_\_\_

Interior Safety: \_\_\_\_\_ Interior Igniter: \_\_\_\_\_

Interior Safety: \_\_\_\_\_ Interior Igniter: \_\_\_\_\_

**1403 Compliance Officer:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Instructor Number (CSOD ID): \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

---

---

---

---

---

---

---

---



Virginia Department of Fire Programs  
Live Burn Medical Accountability Form  
**DO NOT SUBMIT TO VDFP, FOR AGENCY RECORDS ONLY**

INDIVIDUAL NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ SESSION #: \_\_\_\_\_

DATE: \_\_\_\_\_ LIVE BURN TYPE: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

**MEDICAL INFORMATION:**

CONDITION	YES	NO	If YES Explain Here
Abdominal/Digestive Problems			
Asthma			Date of last attack:
Behavioral/Neurological Disorders			
Bleeding Disorders			
Corrective Lenses			
Diabetes			Insulin Pump: YES or NO
Ear/Sinus Problems			
Excessive Fatigue or Shortness of Breath with Exercise			
Fainting Spells			
Heart Disease/Heart Attack/Heart Murmur			
Kidney Disease			
Lung/Respiratory Disease			
Menstrual Problems (Females Only)			
Muscular/Skeletal Condition			
Pregnant (Females Only)			Weeks:
Psychiatric/Psychological & Emotional Difficulties			
Seizures			Last Seizure:
Serious Injury (i.e., Amputation, Bone Fracture, Significant Burns)			
Sickle Cell Disease (SCD)			
Sleep Disorders (i.e., Sleep Apnea)			
Stroke/Transient Ischemic Attack (TIA)			
Surgery			Last Surgery:
Thyroid Disease			
Other:			
Other:			
Other:			

INDIVIDUAL NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_



Virginia Department of Fire Programs  
Live Burn Medical Accountability Form  
**DO NOT SUBMIT TO VDFP, FOR AGENCY RECORDS ONLY**

**NOTE: Keep participants well hydrated during their time in staging or rehab.**

**Participant will not take their own vitals.**

VITALS	B/P	RESP.	PULSE	TEMP	SKIN	TAKEN BY
BASE LINE						
POST ENTRY 1						
POST ENTRY 2						
POST ENTRY 3						
POST ENTRY 4						
POST ENTRY 5						
POST ENTRY 6						
POST ENTRY 7						

**Live Fire Training Recommended Medical Parameters**

The information listed below is intended for use as a guideline for the evaluation of firefighters during Baseline and Post Entry physical evaluations. The final decision on allowing a person to begin or continue training must be based on the best judgement of the on-site medical personnel according to all the information available in each individual situation. Participants should not be allowed to begin or continue training against medical advice. The Lead Instructor shall ensure that medical advice is followed and **NOT OVERRIDE** that advice.

1. Blood Pressure: Diastolic greater than 105mm Hg or a resting blood pressure greater than 160/100mm Hg.
2. Pulse: Greater than 70% of the maximum heart rate (220 – Age).
3. Respiratory Rate: Greater than 24 per minute.
4. Temperature: Greater than 99.5 deg F (oral), greater than 100.5 deg F (core), or less than 98.0 deg F (core).
5. Mental Status: Altered status such as slurred speech, clumsiness, or weakness.
6. Skin: Temperature, color, or injuries.

A participant who does not meet these guidelines should be allowed to extend their stay in rehab. If after a reasonable time, in the opinion of the EMS Officer, these guidelines cannot be met, the participant should be removed from further participation for the remainder of the day and the lead instructor should be notified.

Nothing in this guideline is to replace the judgment of the on-site medical personnel that would indicate that a participant is in medical distress and in need of immediate transport to the nearest medical facility for the appropriate treatment needed.

I understand that the personal health information being provided on this form follows NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments Current Edition, as referenced in the NFPA 1403: Standard on Live Fire Training Evolutions Current Edition. All personal information gathered on this form will be used for the sole purpose of evaluation for continued participation during Live Fire Training Evolutions. Furthermore, I give the Lead Emergency Medical Service Agency and Commonwealth of Virginia licensed Emergency Medical provider the authority to use my personal information listed on this form, if I become incapacitated and the need for medical transport is required for continuation of care at an approved medical facility. I understand, I have the right to revoke the authority at any time. I understand that if I revoke this authority, I must do so in writing and present my written revocation to VDFP. The information contained on this form will be held confidential for a designated period set by the Agency Having Jurisdiction and will not be shared with anyone other than the individual(s) having interest in my immediate medical care. I understand the revocation will not apply to information that has already been released in response to this authority. This authorization has an expiration date of 30 days, from the date signed below. In accordance with The Health Insurance Portability & Accountability act of 1996 (HIPAA), I understand that any disclosure of information carries with the potential for an unauthorized redisclosure, and the information may not be protected by Federal Confidentiality Rules.

Date of Live Fire Training Evolution(s): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_



# Virginia Department of Fire Programs

## Live Fire Evolution Checklist

### **PERMITS/DOCUMENTS/INSURANCE**

#### **All Buildings:**

- ☐ Permission to burn building
- ☐ Acknowledgement of post-burn property condition
- ☐ Permission obtained to use local water source(s)
- ☐ Notification to appropriate emergency service dispatch office of date, time, and location of live fire training
- ☐ Notification to all affected agencies/departments (Police, Fire, Sheriff, VDOT, Forestry, DEQ)
- ☐ Notification made to owners for structure and adjacent properties of date, time, and location of live fire training
- ☐ Assistance for Traffic Control, training ground security
- ☐ Record of prerequisite training for all students
- ☐ Record of prerequisite training for all staff (NFPA 1403 & AHJ)

#### **Acquired Structures Only:**

- ☐ Proof of Clear Title
- ☐ Certificate of Insurance Cancellation
- ☐ Local Burn Permit received (if required)
- ☐ Liability Insurance obtained covering damage to other property

### **PRE-BURN PLANNING**

- ☐ Pre-burn planning IAP (ICS201) to include:
  - ☐ Site Plan Drawing of structure or facility
  - ☐ Floor Plan detailing all rooms and exits
  - ☐ Location of Command Post
  - ☐ Position of all apparatus
  - ☐ Position of all hose and backup lines
  - ☐ Location of emergency escape routes
  - ☐ Location of emergency evacuation assembly area
  - ☐ Location of ingress and egress escape routes for emergency vehicles
- ☐ Emergency Medical Services support (ICS206)
- ☐ Available water supply determined
- ☐ Required fire flow determined for the burn structure and exposure buildings
- ☐ Required reserve flow determined (50% of fire flow)
- ☐ Pumping Apparatus meets or exceeds the required fire flow for the building and exposures
- ☐ Separate water sources established for attack and backup hose lines
- ☐ Periodic weather reports obtained
- ☐ Parking areas designated and obtained

- ☐ Apparatus
- ☐ Ambulance
- ☐ Police/Sheriff's vehicles
- ☐ Press vehicles
- ☐ Private vehicles
- ☐ Operations area established and perimeter marked
- ☐ Communications plan established, (ICS205)

### **BUILDING PREPARATION**

#### **All Buildings:**

- ☐ Building Inspection to determine structural integrity
- ☐ Windows checked and operated, opened or closed, as needed
- ☐ Doors checked and operated, opened, or closed, as needed
- ☐ Stairways made safe with railings in place
- ☐ Unnecessary inside & outside debris removed
- ☐ Hazards from toxic weeds, hives, and vermin eliminated
- ☐ All extraordinary exterior & interior hazards remedied
- ☐ Fire "sets" prepared
  - ☐ Class "A" materials only
  - ☐ NO flammable/combustible liquids
  - ☐ NO contaminated materials

#### **Burn Buildings Only:**

- ☐ Building components checked and operated:
  - ☐ Roof scuttles
  - ☐ Automatic ventilators
  - ☐ Mechanical equipment
  - ☐ Lighting equipment
  - ☐ Manual and automatic sprinklers
  - ☐ Standpipes
  - ☐ Class "B" Props checked (if applicable)
  - ☐ Class "B" Emergency Shut Offs Checked (if applicable)

#### **Acquired Structures Only:**

- ☐ All utilities disconnected (Gas, Electric, Water)
- ☐ Highly combustible interior wall and ceiling coverings removed
- ☐ All holes in walls and ceilings patched/covered
- ☐ Loft areas have railings installed
- ☐ Ventilation openings of adequate size precut for each separate roof area

### **BUILDING PREPARATION (Continued)**

- ☐ Chimney checked for stability (if applicable)
- ☐ Fuel tanks and closed vessels removed or adequately vented



## Virginia Department of Fire Programs

### Live Fire Evolution Checklist

- ☐ Porches and outside steps made safe
- ☐ Cisterns, wells, cesspools, and other ground openings identified, fenced, or filled.
- ☐ Hazardous trees, brush, and surrounding vegetation removed
- ☐ Exposures such as buildings, trees, and utilities removed or protected

#### **PRE-BURN PROCEDURES**

- ☐ All participants briefed:
  - ☐ Building layout
  - ☐ Crew and Instructor assignments
  - ☐ Safety rules (ICS208)
  - ☐ Building evacuation procedures
  - ☐ Evacuation signal (demonstrate)
- ☐ All hose lines checked:
  - ☐ Sufficient size for the area of fire involvement
  - ☐ Charged and flow tested
  - ☐ Supervised by qualified instructors
  - ☐ Adequate number of personnel
- ☐ Necessary tools and equipment positioned
- ☐ Participants checked:
  - ☐ Approved full protective clothing
  - ☐ Self Contained Breathing Apparatus
  - ☐ Adequate SCBA air volume
  - ☐ All equipment properly donned

\_\_\_\_\_  
Lead Instructor: (Printed Name)

\_\_\_\_\_  
Lead Instructor: (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Officer: (Printed Name)

\_\_\_\_\_  
Compliance Officer: (Signature)

\_\_\_\_\_  
Date

#### **POST-BURN PROCEDURES**

- ☐ All personnel accounted for
- ☐ Remaining fires overhauled, as needed
- ☐ Building inspected for stability and hazards
- ☐ Training critique conducted
- ☐ Decontamination of PPE (PER)
- ☐ Records and reports prepared, as required:
  - ☐ Account of activities conducted
  - ☐ List of instructors and assignments
  - ☐ List of other participants
  - ☐ Documentation of unusual conditions or events
  - ☐ Document injuries incurred and treatment rendered
  - ☐ Document changes or deterioration of burn building
  - ☐ Acquired building release
  - ☐ Student training records
  - ☐ Certificates of completion, if required
- ☐ Building and property releases to owner, release document signed





## Virginia Department of Fire Programs

### Live Fire Outside Class B Prop Checklist

#### PERMITS/DOCUMENTS/INSURANCE

- ☐ Permission obtained to use local water source(s)
- ☐ Notification to appropriate emergency service dispatch office of date, time, and location of live fire training
- ☐ Notification to all affected agencies/departments (Police, Fire, Sheriff, VDOT, Forestry, DEQ)
- ☐ Notification made to owners for structure and adjacent properties of date, time, and location of live fire training
- ☐ Assistance for Traffic Control, training ground security
- ☐ Liability Insurance obtained covering damage to other property
- ☐ Record of prerequisite training for all students
- ☐ Record of prerequisite training for all staff (NFPA 1403 and the Authority Having Jurisdiction)

#### PRE-BURN PLANNING

- ☐ Pre-burn planning IAP (ICS201) to include:
  - ☐ Site Plan Drawing of structure or facility
  - ☐ Location of Command Post
  - ☐ Position of all apparatus
  - ☐ Position of all hose and backup lines
  - ☐ Location of emergency escape routes
  - ☐ Location of emergency evacuation assembly area
  - ☐ Location of ingress and egress escape routes for emergency vehicles
- ☐ Emergency Medical Services support (ICS 206)
- ☐ Available water supply determined
- ☐ Pumping Apparatus meets or exceeds the required fire flow for the building and exposures
- ☐ Separate water sources established for attack and backup hose lines
- ☐ Periodic weather reports obtained
- ☐ Parking areas designated and obtained
  - ☐ Apparatus
  - ☐ Ambulance
  - ☐ Police/Sheriff's vehicles
  - ☐ Press vehicles
  - ☐ Private vehicles
- ☐ Operations area established and perimeter marked
- ☐ Communications plan established, (ICS205)

#### PROP PREPARATION

- ☐ Inspection to determine operational capacity
- ☐ Operational check of prop and equipment valves connections and hoses
- ☐ Propane tanks checked for fuel level
- ☐ Emergency shut off procedures checked

#### PRE-BURN PROCEDURES

- ☐ All participants briefed:
  - ☐ Crew and Instructor assignments
  - ☐ Safety rules (ICS 208)
  - ☐ Evacuation procedures
  - ☐ Evacuation signal (demonstrate)
- ☐ All hose lines checked:
  - ☐ Sufficient size for the area of fire involvement
  - ☐ Charged and flow tested
  - ☐ Supervised by qualified instructors
  - ☐ Adequate number of personnel
- ☐ Necessary tools and equipment positioned
- ☐ Participants checked:
  - ☐ Approved full protective clothing
  - ☐ Self Contained Breathing Apparatus
  - ☐ Adequate SCBA air volume
  - ☐ All equipment properly donned

#### POST-BURN PROCEDURES

- ☐ All personnel accounted for
- ☐ Training critique conducted
- ☐ Decontamination of PPE (PER)
- ☐ Records and reports prepared, as required:
  - ☐ List of students, instructors, and assignments
  - ☐ Documentation of unusual conditions
  - ☐ Documentation of injuries incurred and treatment rendered
- ☐ Document changes or damage to prop

\_\_\_\_\_  
Lead Instructor: (Printed Name)

\_\_\_\_\_  
Lead Instructor: (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compliance Officer: (Printed Name)

\_\_\_\_\_  
Compliance Officer: (Signature)

\_\_\_\_\_  
Date



## Virginia Department of Fire Programs

### Personal Protective Equipment & Training Accountability Form

Individual Name: \_\_\_\_\_ Session # \_\_\_\_\_

Department: \_\_\_\_\_ Type Burn: \_\_\_\_\_

Burn Location: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PPE INSPECTION: Inspected and Serviceable – NFPA 1851**

Coat: \_\_\_\_\_ Pants: \_\_\_\_\_ Helmet: \_\_\_\_\_ Boots: \_\_\_\_\_ Gloves: \_\_\_\_\_

Hood: \_\_\_\_\_ SCBA: \_\_\_\_\_ PASS: \_\_\_\_\_ Accountability Tag: \_\_\_\_\_

Problems with PPE: \_\_\_\_\_

**TRAINING LEVEL:** Prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the minimum job performance requirements (JPR), for Fire Fighter 1 in NFPA 1001. The above named individual must meet the JPR's as referenced from **NFPA 1403 (2018) Section 4.3.1 Required Minimum Training** related to the following subjects:

- |   |  |                            |
|---|--|----------------------------|
| (1) Safety                              | (5) Ladders                            | (9) Ventilation            |
| (2) Fire Behavior                       | (6) Fire Hose, Appliances, and Streams | (10) Forcible Entry        |
| (3) Portable Extinguishers              | (7) Overhaul                           | (11) Building Construction |
| (4) Personal Protective Equipment (PPE) | (8) Water Supply                       |                            |

I, \_\_\_\_\_, certify that I have received the above training prior to entering the Live Fire Training being offered here. I certify the above information is true.

Signature (legible): \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_ has received the above training prior to entry into the Live Fire Training being offered. I certify the above information is true and the individual named above, PPE has been inspected by myself or a designee appointed by me to inspect PPE.

Department Official/Designee:

_____	_____	_____	_____
Print Name (legible)	Signature (legible)	Title	Date

Lead Instructor:

_____	_____	_____	_____
Print Name (legible)	Signature (legible)	Title	Date

Safety Officer:

_____	_____	_____	_____
Print Name (legible)	Signature (legible)	Title	Date





Virginia Department of Fire Programs  
Firefighter 1 1403 Live Fire Training Group Evaluation Form

Session #: \_\_\_\_\_

Group Instructor: \_\_\_\_\_ Group ID: \_\_\_\_\_

Burn Location: \_\_\_\_\_ Date: \_\_\_\_\_

Student Names (No more than 5 students in a group)	Pass or Fail
1.	
2.	
3.	
4.	
5.	

Skills and Tasks to be assessed

Initial Size-up by each team member (Benefits understood & explained by each student)	Fire Streams applied accurately & efficiently
PPE/SCBA donned quickly, worn and utilized properly and air conservation demonstrated	Searches performed & victims located and removed (VEIS Team Search Oriented Search)
Hose lines deployed, advanced without delay, and safely with no kinks	Ladders raised, positioned & climbed correctly without hesitation
Water requested, hose line bled, & pattern checked	Communicates with crew & leadership throughout evolution
Executes forcible entry of doors and windows effectively & efficiently	Climb ladders with tools/hose lines securely and efficiently
Positive attitude exhibited while operating as cooperative team	Ensures team accountability via touch, sound, or sight

**General Comments:** Instructor is to review areas that need improvement with students at the conclusion of each rotation. Complete this form at the end of the day's activities. Identify team and individual performance issues as favorable and/or unfavorable. Students failing to meet satisfactory performance of the skills listed above shall be required to repeat the FF1 burn with another class and shall not sit for final written and practical testing. One team member failing to qualify will not result in failure of the entire student group. Record comments and results below:

---

---

---

---

---

Group Instructor Signature: \_\_\_\_\_



# Virginia Department of Fire Programs FIREFIGHTER I NFPA 1001-19

## Fire Fighter I Skill Evaluations

General & Communications	Structure Fire (Continued)	Exterior Fire
The ability to don & doff personal protective clothing & perform field reduction of contaminants and prepare for reuse.	Effective & safe operations of deploying & setting up manned & unmanned master streams for defensive operations.	Effective & safe ability to extinguish stacked, piled, and small unattached structures or storage areas using appropriate techniques and equipment.
Proper use of different types of communications devices used in the fire service.	Protect various types of exposures, to avoid spread of fire from one exposure to the next.	Effective & safe extinguishment of a ground cover fire, noting safe havens and proper directions of fire attack.
<b>Fire Ground Operations</b>	Identify signs & area of origin and arson preservation.	<b>Preparedness &amp; Maintenance</b>
Control breathing, replace SCBA cylinder, use SCBA to exit through restricted passage, initiate & complete emergency procedures in the event of SCBA failure or air depletion, & complete donning procedures.	Effective & safe operation of various types of hydrants, to include connecting large diameter hose for supply operations.	Inspect, clean & maintain various types of ground ladders.
The ability to use each piece of provided safety equipment.	Effective & safe operations of setting up and using a rural water supply type operation.	Inspect, clean & maintain the various types and sizes of attack and supply hose.
The ability to use personal protective clothing & traffic control devices on roadway operations.	Effective & safe operation of various types of scene lighting equipment. Along with the various types of power units used for them.	Inspect, clean & maintain the SCBA and face piece, to include a pre-shift operational check out.
The ability to operate as a team member in vision-obscured conditions, locate and follow a guideline. Conserve air supply, evaluate areas for hazards and identify a safe haven.	Effective & safe operation, carrying and use of the multiple types of hand/power tools used for force entry through windows, doors, and walls and perform such.	Inspect, clean & maintain the fire fighter personal protective fire gear.
<b>Passenger Vehicle Fire</b>	Effective & safe operation of advancing a charged hose line up & operating it on a ground ladder.	Inspect, clean & maintain the various types of fire fighter hand tools.
Identify auto fuel type, access & control fuel leaks; open, close, & adjust the flow & pattern on nozzles; apply appropriate extinguishing agent for maximum effectiveness while maintaining flash fire protection. Expose hidden fires by opening all auto compartments.	Effective & safe primary and secondary searches for civilian victims, to include removal of them from the hazardous conditions. Safely perform the rescues from doors, windows, or other openings below grade, at grade, and above grade levels. Using the appropriate equipment as required to perform such rescue, to include ground ladders.	
<b>Structure Fire</b>	Perform effective salvage & overhaul operations for protecting personal property and preserving evidence of arson using proper equipment & materials.	
Attack interior fires below, above & at grade levels.	Recognize the possibility of collapse and ways to identify the signs of both from interior and exterior of the structure and the different types of building materials signs of collapse.	
Effective & safe application of water/extinguishing agent to extinguish a fire.	Effective & safe operations to search for and rescue a downed firefighter in a hazardous situation, both conscious and unconscious. Proper use of a RIT Pack as needed for a fire fighter rescue.	
Search for & expose hidden fires for complete extinguishment.	Ability to properly operate air monitoring equipment, understanding preoperational checks, and various readings of the different types of gases it detects.	
Effective & safe operation of fire attack lines of various sizes to effectively move inside single and multi-story structures for offensive fire operations.	Perform control of structure utilities. (Electric, Natural Gas, Propane, & Water)	
Effective & safe operations of carrying, raising, climbing, working off, & placement of multiple types of ground ladders.		
Effective & safe operation and control of various types of sprinkler systems, standpipes, and fire protection equipment.		
Effective & safe operation of tools & equipment used for the various types of horizontal & vertical ventilation. Perform the various types of ventilation safely.		



Virginia Department of Fire Programs  
Firefighter 2 1403 Live Fire Training Group Evaluation Form

Session #: \_\_\_\_\_

Group Instructor: \_\_\_\_\_ Group ID: \_\_\_\_\_

Burn Location: \_\_\_\_\_ Date: \_\_\_\_\_

Student Names (No more than 5 students in a group)	Pass or Fail
1.	
2.	
3.	
4.	
5.	

Skills and Tasks to be assessed

Initial Size-Up factors & considerations explained to Group Instructor	Fire Streams applied accurately & efficiently
Delivers an on scene report that clearly identifies problems faced	Searches performed & victims located and removed (VEIS Team Search Oriented Search)
Delivers a situation report that clearly conveys action plan	Ladders raised, positioned & climbed correctly without hesitation
Communicates with crew & leadership throughout evolution	Positive attitude exhibited while operating as cooperative team
Assumes initial command & transfers command	Utility control conducted safely
PPE/SCBA worn properly and air conservation demonstrated	Communicates changing conditions to incident command
Hose lines deployed, advanced without delay, and safely with no kinks	Significant benchmarks reported through chain of command
Water requested, hose line bled, & pattern checked	Ensures team accountability via touch, sound, or sight
Executes forcible entry of doors and windows effectively & efficiently	Accounts for all personnel & equipment at end of assignment

**General Comments:** Instructor is to review areas that need improvement with students at the conclusion of each rotation. Complete this form at the end of the day's activities. Identify team and individual performance issues as favorable and/or unfavorable. Students failing to meet satisfactory performance of the skills listed above shall be required to repeat the FF2 burn with another class and shall not sit for final written and practical testing. One team member failing to qualify will not result in failure of the entire student group. Record comments and results below:

---

---

---

---

---

Group Instructor Signature: \_\_\_\_\_



## Virginia Department of Fire Programs

### FIREFIGHTER II NFPA 1001-19

5.1.2 Need for Command, Organize, and Coordinate an incident management system, until Command is transferred, and functions within an assigned role in an incident management system.	5.2.1 (B) Ability to determine necessary codes, proof reports, and operate fire department computers or other equipment necessary to complete reports.	5.2.2 (B) Ability to operate fire department communications equipment.
<b>Fire Ground Operations</b>		
5.3.1 (B) Ability to prepare a foam concentrate supply for use, assemble foam stream components, master various foam application techniques, and approach and retreat from spills as part of a coordination team.	5.3.2 (B) Ability to assemble a team, choose attack techniques, for various levels of fire, evaluate and forecast fire growth and development, select tools for force entry, incorporate search & rescue procedures, and ventilation procedures in the completion of the attack team efforts, and determine developing hazardous building or fire conditions.	5.3.3 (B) Ability to execute effective advance and retreat, apply various techniques for water application, access cylinder integrity and changing cylinder conditions, operate control valves and choose effective procedures when conditions change.
5.3.4 (B) Ability to locate the fire's origin area, recognize possible causes, and protect evidence.		
<b>Rescue Operations</b>		
5.4.1 (B) Ability to operate hand & power tools used for force entry and rescue as designed; use cribbing & shoring material; and choose and apply appropriate techniques for moving or removing vehicle roofs, doors, windshields, windows, steering wheels or columns, and the dashboard.	5.4.2 (B) Ability to identify and retrieve various types of rescue tools, establish public barriers, and assist rescue teams as a member of the team when assigned.	
<b>Fire &amp; Life Safety Initiatives, Preparedness, &amp; Maintenance</b>		
5.5.1 (B) Ability to complete forms, recognize hazards, match findings to preapproved recommendations, and effectively communicate findings to occupants or referrals.	5.5.2 (B) Ability to document presentations and to use prepared materials.	5.5.3 (B) Ability to identify the components of fire suppression & detection systems, sketch the site, buildings, & special features; detect hazards & special considerations to include preincident sketch; & complete all related department forms.
5.5.4 (B) Ability to select correct tools; follow guidelines for maintaining equipment & its documentation, & operate power plants, power tools, and lighting equipment.	5.5.5 (B) Ability to operate hose testing equipment, nozzles, and to record results.	

## INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):  		
5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.  		
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 201, Page 1		Date/Time: _____

## INCIDENT BRIEFING (ICS 201)

[illegible]



## INCIDENT BRIEFING (ICS 201)

1. Incident Name:

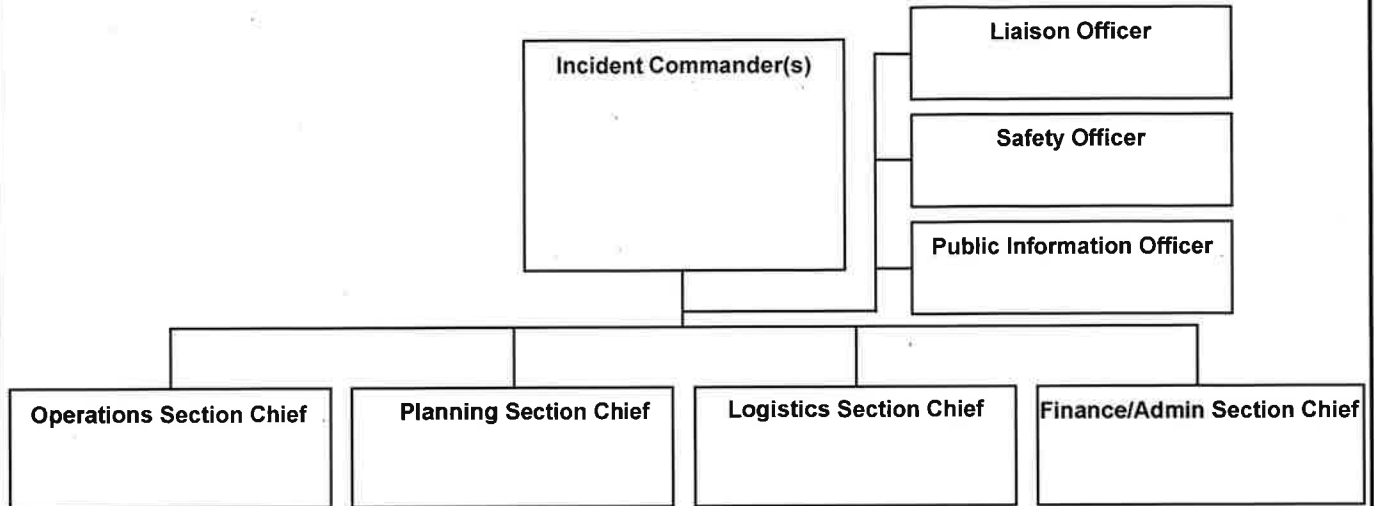
2. Incident Number:

3. Date/Time Initiated:

Date:

Time:

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 201, Page 3

Date/Time: \_\_\_\_\_

## INCIDENT BRIEFING (ICS 201)

1. Incident Name:		2. Incident Number:		3. Date/Time Initiated: Date: _____ Time: _____	
10. Resource Summary:					
Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
6. Prepared by: Name: _____		Position/Title: _____		Signature: _____	
ICS 201, Page 4		Date/Time: _____			

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____																
<b>3. Objective(s):</b>																	
<b>4. Operational Period Command Emphasis:</b>																	
General Situational Awareness																	
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																	
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> ICS 203</td><td style="width: 33%;"><input type="checkbox"/> ICS 207</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/> _____</td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>															
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____															
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____																	
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

## ASSIGNMENT LIST (ICS 204)

[illegible]

[illegible]

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date/Time:

Date/Time: \_\_\_\_\_

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____					
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation</b> (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center <input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature: _____							
<b>8. Approved by</b> (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			



## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>		
<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b> _____		
<b>5. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____