



**DEPARTMENT OF FORESTRY AND FIRE PROTECTION**  
**Office of State Fire Marshal**  
**State Fire Training**

Skill Sheet # 4-2

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

ID#: \_\_\_\_\_

**Skill Sheet 4-2**

**NFPA Standard 1001, 2013 Edition, JPR #6.4.2**

<b>Assist Rescue Operations Team</b>					
<b>Evaluator Instructions:</b> For this skills evaluation, the candidate shall be able to assist rescue operation teams, follow procedures, recognize and retrieve rescue items in the time prescribed by the AHJ, and complete the assignment.					
<b>Equipment Needed:</b> Personal protective equipment, SCBA (if needed), standard operating procedures, necessary/specialized rescue equipment (i.e. shoring, rope, extrication equipment, water rescue suits, hand tools), and traffic control devices.					
<b>Task:</b> Assist rescue operation teams.					
<b>Performance Outcome:</b> The candidate given standard operating procedures, necessary rescue equipment, and an assignment, will be able to assist rescue operation teams, follow procedures, recognize and retrieve rescue items in the time prescribed by the AHJ, and complete the assignment.					
<b>Candidate Directive:</b> "Assist rescue operations at the following type of incident _____"					
No.	Task Steps	First Test		Retest	
		P	F	P	F
	Certifying Officer shall select one (1) of the following tasks for final certification examination: <input type="checkbox"/> Structural collapse <input type="checkbox"/> Trench collapse <input type="checkbox"/> Cave and/or tunnel emergencies (utility manholes included) <input type="checkbox"/> Water and/or ice emergencies <input type="checkbox"/> Elevator Emergencies <input type="checkbox"/> Escalator emergencies <input type="checkbox"/> Energized electrical line Emergencies <input type="checkbox"/> Industrial accidents				
1.	Identify and retrieve the tools and equipment commonly used to perform a special rescue.				
2.	Establish public barriers so that bystanders are isolated from the rescue scene.				
3.	Assist rescue teams by completing assigned tasks.				
Retest Approved By:		Retest Evaluation:			



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Evaluator Comments:	Candidate Comments:

_____	_____	_____	_____
Evaluator	Date	Candidate	Date
_____	_____	_____	_____
Retest Evaluator	Date	Retest Candidate	Date