

Fire Officer II CERTIFICATION PORTFOLIO

NFPA 1021, 2003 edition
Revised August 2005



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Fire Officer II

CERTIFICATION PORTFOLIO

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Workbooks must meet all the prerequisites prior to submission. Workbooks will not be reviewed if the application is not attached or prerequisites have not been met. Workbooks will not be returned.



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INTRODUCTION

The North Carolina Fire & Rescue Commission established the Fire Officer II Program on January 1, 2001 in accordance with NFPA 1021 (Standard for Fire Officer Professional Qualification; 1997 Edition). A Pilot program was conducted in 2000 by random selection of various fire departments throughout the state. Candidates were given the Program Workbook for completion and later tested according to North Carolina Office of State Fire Marshal guidelines.

The enclosed portfolio is the first step toward meeting the requirements for Fire Officer II in North Carolina. The candidate shall complete the activities in the Workbook accurately and thoroughly according to their Department Guidelines. Documentation of knowledge and abilities may be allowed on a limited basis. Complete documentation in the form of college transcripts, course descriptions with verification of attendance, and individual resume are attached to the Workbook.

The portfolio will then be evaluated by the Fire Officer Review Committee established by the North Carolina Fire and Rescue Commission. The candidate will be notified in writing regarding the results of the Committee review. An approved candidate will also be notified of testing dates and sites of the next Fire Officer II exam. Study list for written exam includes: IFSTA Fire Department Company Officer, 2nd edition; IFSTA Fire Department Occupational Safety, 2nd Edition; IFSTA Fire Inspection and Code Enforcement, 5th edition. Test will consist of 100 questions. Candidates not meeting minimal requirements in the portfolio will be allowed to re-submit after correction of the document.

Fire Officer II candidates must hold a valid North Carolina Fire and Rescue Commission Fire Officer I Certificate. All candidates shall submit a resume of related job experiences. Alternative Methods of Course Completion shall require appropriate certificates. The Personal Data must be completed with signature.

The completed portfolio must be returned to the North Carolina Fire and Rescue Commission, Fire Officer Review Committee before the written exam may be taken. The candidate has 12 months to complete the portfolio and receive approval by the Review Committee. After approval is made, the portfolio will not be returned to the candidate. It will become a part of your Fire Officer II Record and maintained by the North Carolina Fire and Rescue Commission.

**FIRE OFFICER II PORTFOLIO
EVALUATION**

(DO NOT WRITE ON THIS PAGE – FOR REVIEW COMMITTEE USE ONLY)

Applicant's Name: _____

Social Security No.: _____

Yes/No	Points	Requirement	Page
<input type="checkbox"/>	8	Candidate Resume <u>and</u> Personal Data Sheet	IV
<input type="checkbox"/>	8	Activity 1 – General Prerequisite Knowledge (5.1.1)	1
<input type="checkbox"/>	8	Activity 2 – General Prerequisite Knowledge (5.1.1)	2
<input type="checkbox"/>	8	Activity 3 – Human Resource Management (5.2.1, 5.2.2)	3
<input type="checkbox"/>	8	Activity 4 – Administration (5.4.1)	4
<input type="checkbox"/>	8	Activity 5 – Administration (5.4.2, 5.4.3)	5
<input type="checkbox"/>	8	Activity 6 – Administration (5.4.4)	6
<input type="checkbox"/>	8	Activity 7 – Administration (5.4.5)	7
<input type="checkbox"/>	8	Activity 8 – Inspections and Investigations (5.5.1)	8
<input type="checkbox"/>	8	Activity 9 – Inspections and Investigations (5.5.2)	9
<input type="checkbox"/>	12	Activity 10 – Emergency Service Delivery (5.6.1, 5.6.2)	10
<input type="checkbox"/>	8	Activity 11 – Safety (5.7.1)	11

Evaluation Complete: Yes No

Required Additional Information/Documentation Needed: _____

Evaluated By: _____

Review Date: _____

**North Carolina Fire and Rescue Commission
Data Sheet for Fire Officer II**

Please Print or Type

Name _____

Last 4 Digits SS# _____

Date of Birth _____/_____/_____
(mm/dd/yyyy)

Mailing Address _____

Email Address _____

City _____ State _____ Zip Code _____

Fire Service Affiliation _____ Volunteer _____ Paid _____ Combination

I certify that I am:

- 21 years of age
- Firefighter Level II certified for 5 years
- Level I Instructor certified
- Fire Officer I certified
- have a High School Education or GED

Applicant's Printed Name

Applicant's Signature

Agency Confirmation

The applicant is a member in good standing with the:

Name of Fire Department

Dept. Address

City _____ State _____ Zip Code _____

Signature of Chief

_____/_____/_____
Date

North Carolina Fire and Rescue Commission

Fire Officer II
PORTFOLIO ACTIVITIES

**ACTIVITY 1 OF 11
GENERAL PREREQUISITE KNOWLEDGE**

(JPR 5.1.1)

1. Explain the roles and responsibilities of the following federal, state and local government agencies and other organizations in relationship to the fire service. Each explanation should be a minimum of one paragraph in length.

- FBI
- ATF
- FEMA
- SBI
- NFA
- Emergency Management
- National Guard
- Highway Patrol
- Local Police & Sheriff's Departments
- Department of Transportation
- Water Department
- Public Works
- OSHA
- NFPA
- Red Cross
- Congress

2. Attach an organizational chart for the structure of your city/county government.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

**ACTIVITY 2 OF 11
GENERAL PREREQUISITE KNOWLEDGE**

(JPR 5.1.1)

Explain the law making process at the State level, from the introduction of a bill to its adoption as law. You may describe the progress of an actual piece of legislation or you may give a generic explanation. Your explanation should be no less than one paragraph in length. You may enclose any supporting documentation (a flow chart for example) that you may find that helps to explain the legislative process

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

**ACTIVITY 3 OF 11
GENERAL PREREQUISITE KNOWLEDGE**

(JPR 5.2.1, 5.2.2)

Using the enclosed personnel problem and sample evaluation forms or your own Department's versions, evaluate the fictitious employee's performance. Explain what actions can be initiated to maximize the employee's performance or to correct any actions that are deemed unacceptable. With this in mind, also evaluate the employee's overall performance as a whole. Make sure that this evaluation is done according to your Department's policies and procedures. If your Department does not have such a policy, develop one as part of this objective and enclose it with your completed Fire Officer II Certification Portfolio.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

SAMPLE PERSONNEL CONFLICT

THE COMPANY:

You are the Captain of a four member Fire Company that also includes a Fire Equipment Operator (FEO) and two Firefighters.

THE FIREFIGHTER:

Firefighter Higgins has been a member of your crew for over two years. He is very knowledgeable about his company duties as well as the Department's Rules and Regulations. He is always willing to lend a hand around the station and serves on several committees on the Department and in his community. He attends the local community college, taking courses to complete a degree in Fire Protection Technology. Your confidence in Firefighter Higgins' abilities is such that you frequently assign him to act as the Acting FEO or Acting Captain should the need arise. Firefighter Higgins has never been late for duty, frequently reporting 30 minutes early every shift.

THE PROBLEM:

During the past three months, Firefighter Higgins has reported late for duty six times. This has not affected staffing as he has called ahead and arranged for one of the Firefighters from the previous shift to cover for him. He has never notified you that he was going to be late. You have mentioned this to him several times. His excuses are car trouble, a late babysitter, etc.

Two weeks ago, Firefighter Higgins was late again, this time by 20 minutes. This time, the excuse was traffic. You called him into your office for a one on one conversation. Firefighter Higgins was told that he was being given an Oral Reprimand. He was counseled on the Department's Regulations regarding shift change. He apologized and said it wouldn't happen again.

Today, Firefighter Higgins was an hour late for work. Car trouble was again the excuse. How will you handle this situation?

FIRE DEPARTMENT COUNSELING FORM

Specific behavior, work performance or violations observed. Include dates, times, witnesses and circumstances.

Employee's reasoning behind his/her conduct.

Why this conduct is not acceptable.

Corrective action to be taken (must be agreed upon by the Officer and the Employee).

Date for Review: _____

Employee Signature

Date

Officer Signature

Date

**FIRE DEPARTMENT
EMPLOYEE PERFORMANCE EVALUATION FORM**

Employee: _____

Date: _____

	Poor		Average		Excellent	
	1	2	3	4	5	6
STATION WORK						
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of Quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of Equipment & Apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observance of Safety Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of Reports & Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Rules, Regulations, Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINING						
Knowledge of Basic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of Standard Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care & Use of Tools & Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observance of Safety Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Territory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY WORK						
Response to Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident Command & Standard Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observance of Safety Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC RELATIONS						
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting & Dealing with the Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY ABILITY						
Planning & Assigning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & Instructing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOMPLISHMENTS

EMPLOYEE COMMENTS

EVALUATOR COMMENTS AND RECOMMENDATIONS FOR IMPROVEMENT

Evaluator Signature

Date

Employee Signature

Date

Battalion Chief Signature

Date

Battalion Chief Signature

Date

Assistant Chief Signature

Date

Fire Chief Signature

Date

**ACTIVITY 4 OF 11
ADMINISTRATION**

(JPR 5.4.1)

Choose a policy or procedure within your Department that you would like to see changed. It can be related to tactics, training, Incident Command, apparatus response etc. Prepare a list of recommendations regarding this policy or procedure change that identify the problem and propose a solution. For the completion of this objective, use the following guidelines:

- Include a copy of the Department policy or procedure that you would like to see changed.
- Rewrite this policy with the changes that you would like to see implemented.
- Explain the benefits of your proposed changes over the existing policy or procedure.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

**ACTIVITY 5 OF 11
ADMINISTRATION**

(JPR 5.4.2, 5.4.3)

1. Describe the competitive bidding process that is required for soliciting and awarding bid contracts for equipment and/or facility purchases. Make sure to discuss pertinent purchasing laws and how established specifications are used as evaluative methods.

2. Your department has been approached by another department wishing to merge into your organization. The chief of your department has given you the responsibility of preparing a budget that would accommodate this merger. You are told to assume that this requesting department has no money to bring in, but does have the assets and liabilities as follows:
 - One (1) brick fire station (30 years old, 4 bays, needs some updates)
 - One (1) engine (15 years old)
 - One (1) tanker (21 years old)
 - One (1) 1985 GMC panel van
 - 20 volunteers who receive no compensation except department sponsored pension fund

Develop a projected budget that addresses the capital, operating, and personnel costs needed for this merger. Be sure to cover repairs to existing facilities, any new equipment that may be needed, apparatus maintenance costs, etc.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

**ACTIVITY 6 OF 11
ADMINISTRATION**

(JPR 5.4.4)

Prepare a press release for an upcoming event within your Department. It can be about Fire Prevention Week, placing a new piece of apparatus or station in service, the graduation of a Recruit Class or any other event that you think is important.

or

Write an article for your local newspaper describing one of the above topics or an emergency incident that your Department responded to. Answer the questions who, what, where, when, why and how. Use the enclosed Public Information Worksheet as a guide for what kind of information to include in your article. If you write about a real incident, you may change the names of the people involved in order to protect their identities. Keep in mind that this article is meant for publication. Make sure that all information, spelling and grammar are correct.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

FIRE DEPARTMENT PUBLIC INFORMATION WORKSHEET

Date:	Type of Incident:
Dispatch time:	How call was received:
Address/Location:	
Conditions on arrival:	
Department actions:	
Special response teams:	
Number of firefighters on scene:	
Number of fire units on scene:	
Number of other units on scene:	
Number of other personnel on scene:	
Firefighter injuries:	
Firefighter fatalities:	
Under control:	
Type of occupancy:	
Owner:	
Number of occupants:	
Number of occupants at scene:	
Occupant's names:	
Injuries:	
Fatalities:	
Probable cause and origin of fire:	
Ways in which fire could have been prevented:	
Amount of damage:	
Was property insured:	
Was property inhabitable after fire:	
Smoke detectors present:	
Air bags deployed:	
Seat belts used:	

**ACTIVITY 7 OF 11
ADMINISTRATION**

(JPR 5.4.5)

Your local jurisdiction is doing an audit of all fire department activities to see how the budget is being used. Prepare a report for submittal to a supervisor regarding activities within your company or department for either the previous month or the next month. You can use the sample provided, your department's own record keeping system or a system of your own choosing. If you use your department's record keeping system or a system of your own choosing, enclose a copy with this workbook. This report can examine fire or EMS calls, training, public education, building inspections, station, vehicle and equipment maintenance, record keeping, hose or hydrant testing or any other activity that involves the examination of data.

If you use the enclosed sample, enter the cumulative totals in the DAILY TOTALS column for each day of the month in the far right column. Enter the cumulative totals for each category in the TOTALS box at the bottom of each column. Keep in mind that these are cumulative staffing hours for the station, company or unit in question. **(EXAMPLE: 3 people who complete 3 hours of Rescue Training one night would equal 9 hours in the Rescue Training block for that day.)**

Analyze this data and discuss what you find. Some things to consider might include:

- Are there too many or too few training hours?
- Is the station being properly maintained?
- Are the apparatus and equipment being properly maintained?
- Is any one area receiving too much attention?
- Is any one area receiving too little attention?

Your answer to each of the above five questions should be at least one paragraph in length. You may analyze the data to answer other questions or trends if you wish or as you see fit.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

**ACTIVITY 8 OF 11
INSPECTION AND INVESTIGATION**

(JPR 5.5.1)

Utilizing the information found in IFSTA's Fire Inspection and Code Enforcement or other similar sources, describe the procedures for conducting a basic fire inspection so that all hazards are identified, appropriate forms are completed and appropriate actions are indicated. You may select one of the following occupancies:

- Assembly
- Educational
- Health Care
- Detention / Correctional
- Residential
- Mercantile
- Business
- Storage
- Industrial
- Unusual Occupancies
- Mixed Occupancies

If your Fire Department has a Fire Inspection program, perform an inspection on one of the occupancies in your area and enclose your jurisdiction's completed Inspection Form with your completed Fire Officer II Portfolio. If your Fire Department does not have a Fire Inspection program, use the enclosed Inspection Form and perform a courtesy inspection for one of the businesses in your area. If you are unable to perform the inspection at a business, conduct an inspection of your fire station or church. Enclose the completed sample Inspection Form with your completed Fire Officer II Portfolio.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

FIRE DEPARTMENT BUILDING INSPECTION FORM

Name of Business: _____

Address: _____

Business Phone: _____

Emergency Contact: _____ Emergency No. _____

Initial Inspection: _____ Initial Inspection Date: _____

Follow-Up Inspection: _____ Follow-Up Inspection Date: _____

	YES	NO	N/A
EXTERIOR			
Obstructions to fire hydrants or Fire Department Connections			
Outside conditions that could hinder firefighting or rescue operations.			
Good access to building.			
Outside stairs in good condition.			
Rubbish or trash stored along side of building.			
Street address clearly posted.			
EXITS & MEANS OF EGRESS			
Exit doors open easily in the direction of egress.			
Exits blocked or obstructed.			
Exit doors have correct locking hardware.			
Exit lights properly maintained.			
Aisles to exit doors clear and unobstructed.			
Emergency lighting operational.			
All exits properly marked.			
Self closing devices on fire doors operate properly.			
Exit corridors used for storage.			
Fire doors kept closed.			
Handrails in place in all stairways.			
FIRE PROTECTION & ALARM EQUIPMENT			
Fire extinguishers properly maintained, inspected and mounted.			
Minimum 18" of clearance between all stock and sprinkler head deflectors.			
Material hanging from sprinkler system piping.			
Sprinkler valves easily accessible.			
Fire walls intact.			
Fixed extinguishing systems properly maintained and inspected.			
Standpipe connections easily accessible.			
Fire alarm system properly maintained, inspected and operational.			
ELECTRICAL			
Electrical outlets covered with the proper plates.			
Electrical panels unobstructed.			
Extension cords used as permanent wiring.			
Extension cords covered by mats, rugs, etc.			
MISCELLANEOUS			
Occupant load posted.			
Trash, rubbish, boxes, etc. discarded properly.			
Management maintains good housekeeping practices.			
Flammable liquids and hazardous materials properly stored.			
Ceiling tiles in place.			

Property Representative: _____ Date: _____

Fire Inspector: _____ Date: _____

FOR ANY VIOLATIONS FOUND, A RE-INSPECTION WILL OCCUR IN NO LESS THAN 30 DAYS.

**ACTIVITY 9 OF 11
INSPECTION AND INVESTIGATION**

(JPR 5.5.2)

1. Provide the most common causes of fire in your jurisdiction. Please site the most current information and list your sources.
2. Using articles, journals, text books, etc. provide the various methods used by arsonists to start incendiary fires. Be sure to list your sources of information.
3. Submit a case in which you actively participated in the investigation of fire cause and origin. Change the names and addresses to protect the identities of those involved in the case. Submit scene drawings, photographs, evidence lists, etc. that were gathered to determine if arson was suspected. Included in your case summary should be information regarding how the fire grew and developed.

or

Submit a fictitious or simulated case that meets the same criteria and objectives stated above.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

**ACTIVITY 10 OF 11
EMERGENCY SERVICE DELIVERY**

(JPR 5.6.1, 5.6.2)

Given a hazardous materials incident and another emergency response requiring multiple unit and multiple agency operations, produce a set of operational plans so that required resources, their assignments and safety considerations for the successful control of the incident are identified. Provide a diagram of your Incident Command System and a list of your Strategic Goals and Tactical Objectives.

- Incident Assessment Form
- Flow Chart of Incident Command System
- Operational Plan Narrative
- Draw assignments/positions on supplied diagram.

For the following fire scenario, develop a post-incident analysis for the incident and include the following elements:

- Building construction
- Fire protection systems/features
- Water supply
- Fuel loading
- Fire growth/development
- Standard Operatin Procedures relating the dispatch response
- Strategies/tactics used
- Customer service issues

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

FIRE DEPARTMENT PROFILE WORKSHEET

Fire Department: _____

City/Town Served: _____

Population: _____

Number of Employees:

Career _____

Part-Time _____

Volunteer _____

Is Personnel Call-back an option: Yes No

If so, what is the average response time _____

Apparatus Available:

TYPE (Engine, Truck, etc.)	No. of Personnel Assigned	Average Response Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Attach Apparatus List to this Section of Workbook

Mutual Aid:

TYPE (Engine, Truck, etc.)	No. of Personnel Assigned	Average Response Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Attach Apparatus List to this Section of Workbook

Communications:

No. of Frequencies available: _____

Are Mutual Aid companies on same frequencies? Yes No

HAZARDOUS MATERIALS SCENARIO

Location

FPE Chemical Limited
175 Meadow Road

Building Construction

Built in 1970
Pre-cast concrete walls
Steel bar joists
Composition Roofing

Exposures

Both Meadow Road and Main Avenue are busy roads.
A large housing development is located 0.5 miles to the east.

Water Supply

Three hydrants are located close by on large mains.

Weather

77° F
75% Humidity
10 mph wind blowing from the west
Sunny with only a few scattered clouds

Units Dispatched

Whatever your local response policy allows

Staffing

All apparatus are fully staffed. Use your full staffing level.

The Incident

At 19:07 hours on a Wednesday evening, you are dispatched to 175 Meadow Road for an unidentified industrial accident. Your Engine Company is first due. Upon arrival in front of the building, you notice a large, white cloud forming around one of the rail cars on the spur on the east side of the building that is drifting eastward. The Facility Manager notifies you that an unloading hose failed on the bottom of the car, the bottom valve on the car is still open and product is coming out at a steady rate. The employee that was unloading the car when the hose failed has suffered severe chemical burns and 15 employees are having difficulty breathing. These employees meet you as you arrive on location. No employees are located in the vicinity of the leaking rail car. One of these employees informs you that the rail car contains approximately 13,000 gallons of Sulfuric Acid, Fuming, UN1831. There is a downhill grade that slopes toward the north. The leaking liquid is heading down this grade toward a storm drain that is 100 yards away. There is heavy traffic on both roads.

The only hazardous materials reference you have is the latest edition of the North American Emergency Response Guidebook that is carried on your Engine Company. Use the information contained in the ERG and the enclosed Hazardous Materials Incident Checklist to formulate your Operational Plan. Enclose the completed Hazardous Materials checklist, a flow chart describing your Incident Command System for this incident, a completed copy of the enclosed Incident Assessment Form and your Operational Plan when you submit your Fire Officer II Workbook.

Keep in mind that you are a first responder to this incident. You are not expected to perform any Hazardous Materials Technician level functions such as attempting to stop or control the leak by plugging, patching, etc. or entering the immediate area around the leaking rail car.

INCIDENT ASSESSMENT FORM

Occupancy: _____

Address: _____

Company Staffing (Assume you have full crews on all responding apparatus)

1st Alarm		2nd Alarm		3rd Alarm	
Apparatus	Personnel	Apparatus	Personnel	Apparatus	Personnel

Company Assignments

Function	Unit(s) Assigned
Search and Rescue	
Fire Control	
Attack Pumper	
Water Supply Pumper	
Ventilation	
Command	
Rapid Intervention Team	
Support	
Other	
Safety Officer	
Accountability Officer	
Logistics	

Hose Lines	
Supply (size, length, gpm)	
Supply (size, length, gpm)	
Supply (size, length, gpm)	
Attack (size, length, gpm)	
Attack (size, length, gpm)	
Attack (size, length, gpm)	

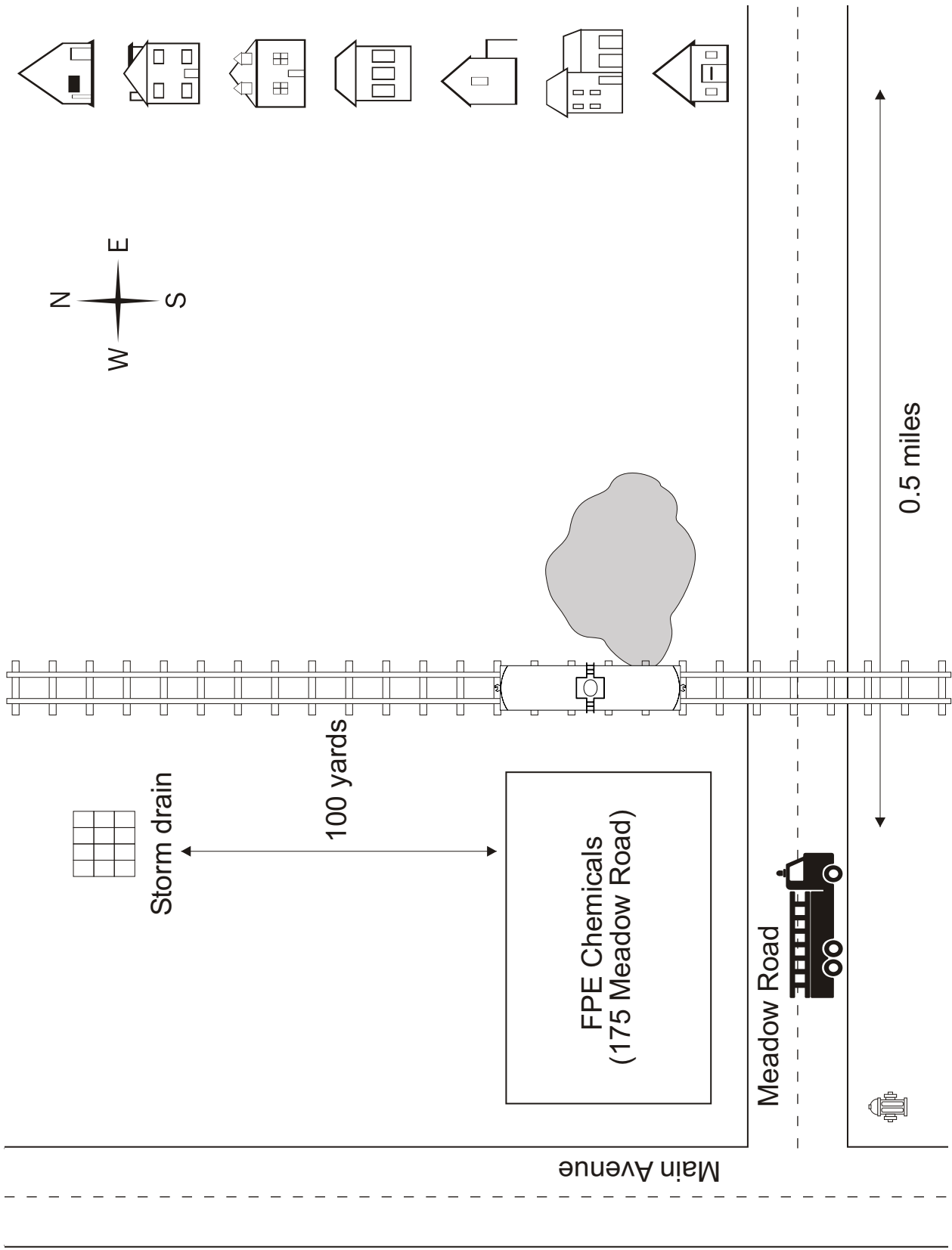
HAZARDOUS MATERIALS INCIDENT CHECKLIST

	YES	NO
RECOGNITION & IDENTIFICATION		
Defensively survey the scene to identify the containers and products involved.		
Has a hazardous material been released?		
Determine wind direction & local weather conditions.		
Defensively collect hazard & response information.		
Analyze the incident and predict the likely behavior of the material and/or changes to the surrounding conditions.		
Estimate the potential harm to life, property and the environment.		
NOTIFICATION		
Notify proper agencies as recommended by your local regulations such as local HazMat Team,		
local North Carolina Hazardous Materials Regional Response Team, Environmental Health,		
Emergency Management, etc. What is the average response time for the nearest Regional Response Team to an incident in this jurisdiction?		
Determine when to summon additional assistance such as your local HazMat Team or North Carolina Hazardous Materials Regional Response Team, EMS, Police or Sheriff's Departments,		
Highway Patrol, DOT, etc.		
Evaluate the incident and provide updates, critical emergency conditions, fires or exposures, number of victims, types of injuries, quantity of release and potential release, etc.		
ISOLATION		
Set initial safety perimeters, establish initial control zones and determine isolation and evacuation distances.		
Establish scene control and deny entry within the endangered area.		
Identify and initiate evacuation and/or sheltering in place protection.		
PROTECTION		
Initiate the Incident Command System. Designate an Incident Commander and a Safety Officer		
Determine the appropriate level of Personal Protective Equipment.		
Determine possible vapor suppression and dispersion methods.		
Eliminate all possible ignition sources.		
Provide water supply and/or exposure lines as needed.		
Diking or diverting (defensively) to keep product in a confined area. Report any product that has entered a water source and/or storm drain.		
Product control by remote or emergency shut-off.		
Perform emergency decontamination procedures.		
Perform Basic Life Support (BLS) functions.		
Activate Advanced Life Support (ALS) response.		
Personal Accountability System & Incident Command Chart		

* Enclose this completed checklist along with your completed operational plan when you submit your FO II Workbook

NOTES

Check each box as you have completed the step in your operational plan.
 For each item you check "yes", explain how you intend to accomplish the step.
 For each item you check "no", explain why this step is not needed.



FIRE SCENARIO

Location

1512 Church Street

Building Construction

Built in 1938

Balloon frame construction

Two stories with basement and attic

Exposures

One dwelling 30 feet to the east

Water Supply

None (See below)

Weather

30° F

Cloudy

10 mph wind blowing from the west

Units Dispatched

Whatever your local response policy allows.

Staffing

All apparatus are fully staffed. Use your full staffing level.

The Incident

At 07:03 on a Monday morning, you are dispatched to 1512 Church Street for a possible explosion involving a dwelling. One mile away, you report a heavy column of smoke is visible. Upon arrival, you find a 60' x 60', two story dwelling approximately 50% involved with fire showing from several windows on the first floor. One neighbor tells you that two elderly females are still inside. Another neighbor tells you that two people could be heard screaming from the inside of the dwelling, but one voice stopped before your Engine Company arrived on location. You can still hear one person screaming from inside the dwelling. The siding and trim on the exposure to the east is beginning to burn and the dwelling is beginning to fill with smoke. The area is protected by fire hydrants, but the water supply in the immediate vicinity has been cut due to maintenance on the water main. The nearest functioning hydrant is two miles north on Mountain Road, but northbound traffic is extremely heavy due to Rush Hour. Across the street from the involved dwelling is an elementary school where classes start at 07:45 and buses full of students are beginning to arrive.

Include a copy of the enclosed Incident Assessment Form, a flow chart describing your Incident Command System for this incident and your Operational Plan when you submit your completed Fire Officer II Workbook.

INCIDENT ASSESSMENT FORM

Occupancy: _____

Address: _____

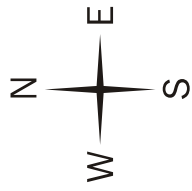
Company Staffing (Assume you have full crews on all responding apparatus)

1st Alarm		2nd Alarm		3rd Alarm	
Apparatus	Personnel	Apparatus	Personnel	Apparatus	Personnel

Company Assignments

Function	Unit(s) Assigned
Search and Rescue	
Fire Control	
Attack Pumper	
Water Supply Pumper	
Ventilation	
Command	
Rapid Intervention Team	
Support	
Other	
Safety Officer	
Accountability Officer	
Logistics	

Hose Lines	
Supply (size, length, gpm)	
Supply (size, length, gpm)	
Supply (size, length, gpm)	
Attack (size, length, gpm)	
Attack (size, length, gpm)	
Attack (size, length, gpm)	



Nearest Hydrant
2 miles

1512 Church Street



Church Street

Mountain Road

1000 feet

Sunset Elementary

**ACTIVITY 11 OF 11
SAFETY**

(JPR 5.7.1)

Given an emergency scenario involving a firefighter injury, analyze the incident so that a detailed report can be prepared for a supervisor that outlines actions taken, actions that will be taken and recommendations to be implemented so that a similar injury does not occur again in the future.

SCENARIO

At 00:15 on a Friday morning, you are dispatched to a dwelling on an unknown medical emergency. Entering the dwelling, you are directed to the back bedroom where you find an unconscious 25-year-old patient lying face down on the bed. One of your Firefighters drops the aid bag and prepares to turn the patient over to begin the primary survey. When he goes to move the patient, a needle that was hidden in the blankets sticks him. The needle penetrates the latex glove and draws blood. Upon further investigation, you find that the patient is an IV drug user and may be HIV positive.

Explain how you would handle the incident by preparing a report for your supervisor explaining what happened. Use the enclosed example paperwork or the forms used by your local jurisdiction as documentation. What other documentation is required? What notifications have to be made? What needs to be done for the exposed firefighter in the coming weeks and months? What could have been done differently? Your report should include all of these topics.

ALTERNATIVE METHOD COURSE COMPLETION

Course Name: _____

Course Number: _____

Documentation must be included. Specific course details/descriptions are required.

COMMUNICABLE DISEASE EXPOSURE REPORT

THIS COMPLETED REPORT MUST BE KEPT CONFIDENTIAL, AND GIVEN TO THE BATTALION CHIEF IN A SEALED ENVELOPE.

Employee Name: _____ Date: _____

Social Security No. _____

Current Assignment: _____ Shift: _____

Incident Address: _____

Incident Number: _____

Incident Time: _____

Type Of Exposure

- | | |
|---|--|
| <input type="checkbox"/> Needlestick Or Cut | <input type="checkbox"/> Splash |
| <input type="checkbox"/> Ingestion | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Airborne | <input type="checkbox"/> Other (Explain Below) |

Type Of Fluid

- Blood
- Semen / Vaginal Secretion
- Pericardial (Clear Fluid Surrounding The Heart)
- Peritoneal (Fluid In The Membrane Lining Of The Abdominal Cavity)
- Pleural (Fluid From The Lungs Or Chest Cavity)
- Amniotic (Fluid Surrounding The Fetus)
- Combination (Explain Below)
- Other (Explain Below)

Source

- Known Individual, Little Or No Risk
- Known Individual, Unknown Risk
- Known Individual, Known Risk **OR** Unknown Individual, High Risk
(IV Drug Use, Homosexual / Bisexual Behavior, Prostitute, Sexual Partner Of A High Risk Person, Child Of An Infected Parent, Blood Transfusion Between 1978 And 1985, Multiple Sexual Partners, From A Country Where HIV Is Epidemic)

Source's Name: _____

Source's Address: _____

Source Phone # : _____

Personal Protective Equipment

Was PPE Used

Yes

No

Was PPE Requested

Yes

No

Was PPE Available

Yes

No

Was employee trained in the use of PPE

Yes

No

Describe the Exposure (What Happened)

Describe the PPE that was used during this incident

Was the exposure preventable

Yes

No

(If No, Explain below)
