



OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY SCENE ILLUMINATION



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
Primary Task	Illuminate the Emergency Scene-Emergency Scene Illumination	JPR(s)	5.3.17
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	19-2
Candidate Instruction	The candidate wearing full protective clothing (SCBA if required), employing all safety precautions, and given fire service electrical generators and portable lighting shall set up and operate the equipment so designated areas are illuminated. All equipment must be operated safely.		State Maximum Allotted 3 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
	P	F	P	F	P	F
EMERGENCY SCENE ILLUMINATION						
Wearing complete personal protective clothing.	<input type="checkbox"/>					
Lifts and operates equipment safely. — CRITICAL POINT	<input type="checkbox"/>					
Locates power plant in a remote & well-ventilated area.	<input type="checkbox"/>					
Arranges power cords neatly to minimize tripping while maintaining consistent situational awareness. — CRITICAL POINT	<input type="checkbox"/>					
Organizes lights in a useful position & illuminates area sufficiently.	<input type="checkbox"/>					
Starts power plant without difficulty.	<input type="checkbox"/>					
Shuts equipment off properly.	<input type="checkbox"/>					
Allows equipment to cool before returning to service OR verbally explains need to do so.	<input type="checkbox"/>					
Cleans & refuels equipment as necessary.	<input type="checkbox"/>					
Firefighter must have at least 70% pass mark for each skill and perform all critical points (7/9 required). The charter training program may demonstrate and/or simulate this skill.					Score: ___ / 9	

NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 9	/ 9	/ 9
TIME			
EVALUATORS COMMENTS			

PRINT NAME FIRST EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE FIRST EVALUATOR X		Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail
PRINT NAME SECOND EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE SECOND EVALUATOR X		Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail
PRINT NAME THIRD EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE THIRD EVALUATOR X		Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail