



KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
 COMMISSION ON FIRE PROTECTION PERSONNEL STANDARDS AND EDUCATION
FIREFIGHTER 1 COMPETENCY EVALUATION



Objective(s): 5.3.1 Primary Task: Don SCBA- Seat Mounted Candidate # _____
 2002 NFPA 1001 Standard

Skill No. 5-6 PERFORMANCE CRITERIA AND INSTRUCTIONS

INSTRUCTIONS TO THE MONITOR/EVALUATOR

- Candidate shall be provided with an apparatus outfitted with a seat-mounted SCBA.
- The candidate shall be given the instructions below before beginning the exercise.

INSTRUCTIONS TO THE CANDIDATE

1. "The candidate, wearing full protective equipment and given an apparatus with a seat-mounted SCBA, shall demonstrate proper donning of the SCBA in the seated position."

Minimum PPE: Full PPE without SCBA.

PERFORMANCE		YES	NO
<input type="checkbox"/>	1. Approaches pack and locates mask. Places mask, lens up, in a safe location.		
<input type="checkbox"/>	2. Inspects cylinder pressure, ensures usable pressure (min 90% capacity).		
<input type="checkbox"/>	3. Opens cylinder valve fully, listens for audible alarm to sound.		
<input type="checkbox"/>	4. Cracks the by-pass valve to check for operation and closes.		
<input type="checkbox"/>	5. Checks regulator guage. Should read within 100 psi of tank guage.		
<input type="checkbox"/>	6. Prepares to don, backs into cylinder backplate.		
<input type="checkbox"/>	7. Places arms through harness straps, then grasps straps at the shoulders.		
<input type="checkbox"/>	8. Pulls away from bracket and exits the apparatus safely.		
<input type="checkbox"/>	9. Tightens shoulder straps, pulling downward and outward, while jumping lightly.		
<input checked="" type="checkbox"/>	10. Ensures all straps and buckles are fastened to snug fit.		
<input checked="" type="checkbox"/>	11. Properly dons facepiece, snugs to fit and goes on air.		

Reference: IFSTA Essentials 4th Edition, Chapter 4B TOTALS

Critical Step- Failure on this step mandates failure on task ! **CRITICAL TASK** CANDIDATE MUST COMPLETE **8** STEPS TOTAL TO PASS SKILL.

REMEMBER, YOU ARE AN EVALUATOR, NOT A TRAINER OF THE CANDIDATES DO NOT COACH, GRADE ONLY OBSERVED BEHAVIOR.

TEST DATE _____ LOCATION: _____
 EVALUATOR NAME (Print): _____
 EVALUATOR SIGNATURE: _____