



Fire Fighter I Certification

Skill # 3 Doff SCBA and PPE	Maximum Time Allowed: 10 min.
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INSTRUCTIONS TO THE CANDIDATE

Doffs SCBA and PPE and places back in service or reports otherwise. Candidate will provide all NFPA compliant PPE and SCBA which includes: helmet, hood, coat, pants, suspenders, boots, gloves and PASS. While wearing full PPE/SCBA shall perform the following tasks.

CANDIDATE PERFORMANCE	1st Attempt		2nd Attempt	
	Yes	No	Yes	No
DOFF SCBA				
Evaluator tell candidate: "You may now doff your SCBA/PPE and place it back in service."				
Candidate has informed the evaluator that they have been trained in this skill ♦				
Closes cylinder valve completely. ♦				
Bleeds regulator down and returns to proper position. ♦				
Verbalizes recognition of low air alarm.				
Checks air cylinder pressure and verbalize replacement of cylinder if less than 90% of rated capacity. ♦				
Returns all straps, valves and components back to ready state.				
Checks SCBA and facepiece for damage and need for cleaning.				
Verbalizes the need to clean facepiece before returning to service.				
Candidate verbalizes how to clean and sanitize face piece according to departmental and/or manufactures guidelines.				
Prepares SCBA for immediate reuse or reports otherwise.				
DOFF PPE				
Checks PPE for damage and need for cleaning.				
Prepares PPE for immediate reuse or reports otherwise.				
Total steps candidate must complete to pass:	9	Total		

♦ **Critical Step** - Failure on this step results in failure of the entire skill.

Candidate Name _____

1st Evaluator Signature _____ Date _____

2nd Evaluator Signature _____ Date _____



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Objective(s): 5.1.1.2 NFPA 1001 Standard 2002 Edition

INSTRUCTIONS TO THE PROCTOR/EVALUATOR

This skill shall be evaluated immediately after skill #2.

****REFER TO EVALUATION EQUIPMENT LIST FOR SPECIFIC TOOLS AND EQUIPMENT****

Proctor/Candidate Comments

I was informed of the task steps missed that resulted in the failure of this skill and the OSU-FST re-test policies.

Candidate Signature

Date

Test Re-test Date _____ Location: _____