



Fire Fighter I Certification

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| Skill # 9 Automatic Sprinkler Systems | Maximum Time Allowed: 15 min. |
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INSTRUCTIONS TO THE CANDIDATE

As an individual, candidate will stop the flow of water from a sprinkler head using sprinkler wedges or stoppers and operate a main control valve on a sprinkler system. Candidate will wear full PPE, SCBA optional.

| CANDIDATE PERFORMANCE | 1st Attempt | | 2nd Attempt | |
|------------------------------|-----------------------------------|----|-----------------------------------|----|
| | Yes | No | Yes | No |

STOPS SPRINKLER FLOW

Evaluator acting as company officer tells candidate “You need to stop the flow of water from the sprinkler head with a wedge or stopper”.

| | | | | |
|--|--|--|--|--|
| Candidate has informed the evaluator that they have been trained in this skill ♦ | | | | |
| Stops the majority of flow of water from sprinkler head | | | | |
| Wears full PPE and SCBA (“on air” optional) | | | | |
| Wedges or device remain in place after candidate releases them | | | | |

OPERATION OF MAIN CONTROL VALVE

Evaluator acting as company officer tells candidates “You need to shut down flow to automatic sprinkler system.”

| | | | | |
|--|----------|--------------|--|--|
| Locates main control valve and shuts down water source to sprinkler system | | | | |
| Verbalizes how to visually check to see if main control valve is shut down | | | | |
| Total steps candidate must complete to pass: | 4 | 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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Skill # 9 Automatic Sprinkler Systems

Objective(s): **5.3.14 NFPA 1001 Standard 2002 Edition**

INSTRUCTIONS TO THE PROCTOR/EVALUATOR

As an individual, candidate will stop the flow of water from a sprinkler head using sprinkler wedges or stoppers and operate a main control valve on a sprinkler system. Candidate will need full PPE with SCBA being optional. Sprinklers wedges or stoppers will need to be provided.

****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: _____