



## Fire Officer II Certification

Skill # 6

Maximum Time Allowed: **90 min.**

### **INSTRUCTIONS TO THE CANDIDATE**

The candidate, as an individual and given a scenario, will analyze a member's accident, injury, or health exposure history so that a report is prepared for a supervisor and includes action taken and recommendations given.

<b>CANDIDATE PERFORMANCE</b>	1 <sup>st</sup> Attempt		2 <sup>nd</sup> Attempt	
	Yes	No	Yes	No
◆ Candidate has informed the evaluator that they have been trained in this skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ANALYZE INJURY / EXPOSURE HISTORY and PREPARE REPORT</b>				
Report written to supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified conditions or unsafe acts that contributed to the accident, injury, or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Included findings and recommendations in the written report to reduce future occurrences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified employee by correct name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified supervisor by correct name and title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total steps candidate must complete to pass:</b>	<b>4</b>	<b>Total</b>		

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

Candidate Name \_\_\_\_\_

1<sup>st</sup> Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_



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Objective(s): 5.7.1 NFPA Standard 1021 2003 Edition

**INSTRUCTIONS TO THE PROCTOR/EVALUATOR**

**EQUIPMENT LIST: Skill 6 Scenario Packet, Pens/Pencils**

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: \_\_\_\_\_