Delaware State Fire School
Firefighter 1 & 2 Certification

NFPA 1001 Challenge

EXCELLENCE THROUGH TRAINING

This challenge is designed to allow Candidates to challenge the Proboard NFPA 1001-2019, Fire Fighter 1 and 2 Certification.

Candidates will be required to successfully pass a written examination of the standards. Upon passing, the Candidate will perform skills stations required of the standards. Those challenging only Fire Fighter 2 need only successfully complete that portion of the skills testing.

Dates and Times
Written Testing shall be conducted at:
Kent Division, 1461 Chestnut Grove Road, Dover, DE on November 6th, 2022 at 8am.

Practical Skills Testing shall be conducted at:
Kent Division, 1461 Chestnut Grove Road, Dover, DE on November 6th, 2022 at 9am immediately after written testing.
ALL Practical Skills will be scheduled for the entire day.

Candidates MUST bring a Full set of firefighting turn out gear, in-date with NFPA standards. This includes Fire Fighting Helmet, Eye Protection, Hood, Coat, Pants, Boots, and Gloves. You may bring your own SCBA, but DSFS SCOTT SCBA and Masks are available for use. Candidates who do not bring the required equipment will not be able to test.
You must have a Delaware Learning Center Account and password available on the test date in order to test.

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6425
Email: fire.school@delaware.gov

Register by October 21st, 2022 at NOON
Firefighter I & II Certification Examination
{Written and Practical Examination}

This examination allows firefighters who meet the necessary prerequisites to challenge a nationally recognized examination for the purpose of being certified under the National Board on Fire Service Professional Qualifications for FF I & II certification. The written examination consists of multiple-choice questions. Test questions and required skill evolutions, are based on the NFPA 1001-2013 Standard for Firefighter I & II, also IFSTA Essentials of Fire Fighting and Fire Department Operations, 7th Edition.

Practical Evaluation
All Practical Testing will be conducted at the Dover Training Center

Applicants will be scheduled to take the written and practical evaluation on Saturday, or Sunday if needed depending on the number of applicants registered. Applicants will be notified of their acceptance and which day they need to attend to complete the testing.

Examinations require practical skills evaluations. Individuals must bring FULL personal protective firefighting gear with them. The DSFS will provide 3M SCOTT SCBAs to be used for the practical evaluations. Applicants may bring their own SCBA for use during the practical evaluations if they normally use SCBAs other than 3M SCOTT.

NOTICE
If meeting all pre-requisites for both Fire Fighter I and Fire Fighter II testing, a combined certification test for both levels is available. Please note the pre-requisites in order to be eligible upon applying. Students will need to perform both sets of skills in order to complete skills testing. Arrangements must be setup in advance, and will be accommodated as much as possible. A second day of skills evaluation may still be required. Applicants will be notified of their acceptance and which day they need to attend to complete the testing.

Candidates already holding Fire Fighter I National Certification may challenge only Fire Fighter II for a $100 fee. Please select that option listed on the application.

NOTE: Applicants will receive a confirmation by mail or email upon acceptance. Applicant must bring a copy of the confirmation email and photo ID on test day to be admitted.

Prerequisites
The individual requesting certification testing must include COPIES OF THE FOLLOWING documents:

Fire Fighter I & II Certification Prerequisites and training
(Please check off each box indicating that the required item is included with this application)

☐ Provide a copy of Driver’s License (To prove at least 18 years of age)

☐ Signed “Fire Chief’s Declaration” stating the candidate knows operational guidelines, command structure and equipment of the Fire Department.

☐ “Medical Approval Form” from a Medical Doctor verifying that the applicant is “physically fit to perform firefighter activities” Must be current, within 90 days of application being turned in.

☐ Attended and completed the following training (or equivalent under reciprocity policy for out-of-state training)
  o Basic Fire Fighting Skills
  o Structural Fire Fighting Skills
  o Hazardous Materials Response Skills
  o Vehicle Rescue

☐ Copy of current First Aid Certification Card, EMR (First Responder), EMT or Paramedic license

☐ Copy of current CPR/AED certification card

☐ Copy of Hazardous Materials Awareness Pro Board or IFSAC Certificate (or testing same day*)

☐ Copy of Hazardous Materials Operations Pro Board or IFSAC Certificate (or testing same day*)

* Those testing the same day MUST submit a completed application for those Haz Mat levels along with this application.

Suggested Reference Books: (Available for purchase at the DSFS Store, Kent Division, Pick-up Only)

<table>
<thead>
<tr>
<th>Textbook: IFSTA Essentials of Fire Fighting &amp; Fire Dept Operations, 7th Edition</th>
<th>$57.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workbook: IFSTA Essentials of Fire Fighting &amp; Fire Dept Operations Workbook, 7th Edition</td>
<td>$34.00</td>
</tr>
</tbody>
</table>
FIRE FIGHTER I & II
CERTIFICATION EXAMINATION APPLICATION

Name:__________________________________________________________

Address:________________________________________________________

City:________________________________State:_____________Zip:_____________

Date of Birth:_____________Age:_________Phone #:__________________________

E-Mail:__________________________________________________________

Fire Department/Company:__________________________________________

☐ I will be testing at the **Firefighter I & II** Level ($150 testing fee)
☐ I will be testing at the **Firefighter II** Level only ($100 testing fee)

I would like the following reference books:  **(MUST be Picked up at DSFS Dover)**

☐ Text Book

*Check if requested*

I have attached the required documentation with this application and understand that if all required documentation is not attached, the application will not be accepted, and it will be returned.

Date:_____________ Signature of Applicant:______________________________

I approved the request for Certification Testing by the above applicant and attest that all required documentation is attached to this application.

Date:_____________ Name of Authorized Officer ____________________________

Signature of Authorized Officer ____________________________

The application form with all required documentation must be returned to the Delaware State Fire School by this date.

**Friday, October 21st, 2022 at NOON**

Applications received after the above date WILL NOT be processed

---

OUT-OF-STATE FIRE DEPARTMENTS/COMPANIES - PAYMENT MUST ACCOMPANY APPLICATION

Check $___________Attached Credit Card (type) #_________________Exp.______

Refunds will be made for any student not accepted.

OFFICE USE ONLY

Application Received: __________ by: ☐ Mail ☐ Fax ☐ In Person

Prerequisites checked by: ___________________________ Date:______________

Application: ☐ Accepted ☐ Rejected ☐ Memo sent: __________ ☐ Email Sent: __________
Fire Chief’s Declaration of Certification Applicant’s Ability to Perform Local Company Tasks and Procedures

As Fire Chief of the ______________________________ Fire Company, I have observed the performance of ________________________ and affirm that this applicant for certification is thoroughly familiar with the Standard Operating Procedures, Guidelines, and equipment of this Fire Company and has demonstrated proficiency in compliance in all areas listed and checked below. (Check each circle as applicant properly performs task)

⇒ Operation of Company communications equipment (5.2.1B):
  o Portable radio
  o Mobile radio in apparatus

⇒ Station phone system policy and procedure to properly answer and respond to (5.3.2.B):
  o Emergency calls
  o Non-emergency calls
  o Operation of the station intercom if available.

⇒ Operation of safety equipment required for riding fire equipment (5.3.2.B):
  o Seat belt
  o Mansaver bar or cab door

⇒ Location of all tools located on Company apparatus (5.3.2.B) & (5.5.1.B):
  (Cross out if your Company does not have a piece of equipment)
  o Hydraulic rescue tools
  o Halligan bars
  o Pike poles
  o Plaster hooks
  o Axes
  o Ventilation Saws
  o Salvage covers
  o Debris bags
  o Water vacs/dewatering equipment
  o SCBA
  o Ground ladders
  o Portable lights
  o Cord reels
  o Generators
  o Portable pumps
  o Portable/specialty tool kits

⇒ Policy and procedure for maintaining all hand tools located on your apparatus (5.5.1.B):
  o Explain how each tool listed above are put back as “ready for service” after they are used at an emergency

⇒ Ability to complete forms/records necessary to document emergency response (6.6.1.B):
  o Company emergency response form
  o Incident attendance report form

⇒ Ability to complete forms company daily forms (6.5.1.B):
  o Function attendance form
  o Maintenance/equipment out of service form
  o Phone message form

⇒ Ability to operate in established work areas at emergency scenes (5.3.3.B):
  o Knowledge of potential hazards involved in operating at emergency scenes
  o Knowledge of protective equipment used at emergency scenes
  o Ability to use personal protective equipment and traffic control devices at emergency scenes

⇒ Ability to preserve evidence for use of the Fire Marshal (6.3.4.B):
  o Explain circumstances under which evidence should be preserved
  o List types of items that could be evidence
  o Explain the preservation process that should be used

I approved this request for Certification Testing by the above applicant and attest that all required documentation is attached to this application.

___________________________   ___________________________   ___________
Authorized Officer Name (Print)   Authorizing Officer Signature   Date

Delaware State Fire School
Firefighter I & II Certification
Medical Approval Form

The intent of this medical approval form is to verify to the Delaware State Fire School that the applicant named below is physically capable of performing typical firefighting activities as part of the Firefighter I Certification practical evaluation. This form must be submitted with your application. Please have it completed by a physician/medical professional of your choice. Form must be completed by the testing date.

Applicant's Name: ___________________________ Applicant's Date of Birth: ________________

Street Address: ________________________________________________________________

City: ___________________________ State: ___________ Zip: __________________

Examples of Activities to be performed

1. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus.

2. Climbing up to five flights of stairs while wearing fire protective ensemble weighing at least 50 lb or more and carrying equipment/tools weighing an additional 20 to 40 lb

3. Wearing fire fighting personal protective equipment which is insulated and may result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature.

4. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing 180 lbs to safety despite hazardous conditions and low visibility

5. Advancing water-filled hose lines up to 2½ in. in diameter from fire apparatus to occupancy (approximately 150 ft), which can involve negotiating multiple flights of stairs, ladders, and other obstacles

6. Raising and climbing portable ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces.

Medical Professional’s Verification

I am a Medical Professional, authorized to perform physical evaluations, and have examined the above named individual and have found them to be physically capable of performing typical firefighting activities as part of the firefighter I/II certification practical evaluation at the Delaware State Fire School.

Medical Professional's Name (Type or Print) ____________________________________________

Street Address: ________________________________________________________________

City: ___________________________ State: ___________ Zip: ______________

Note any Restrictions: ________________________________________________________________

__________________________________________________________________________________

Medical Professional's Signature: ___________________________ Date: ________________