# Delaware State Fire School Firefighter 1 & 2 Certification

## NFPA 1001 Challenge



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 and will perform skills stations required of the NFPA 1001 standard levels. Those challenging only Fire Fighter 2 need only successfully complete those skills. Hazardous Materials Challenges are also available for testing if needed as a prerequisite for NFPA 1001.



#### **Dates and Times**

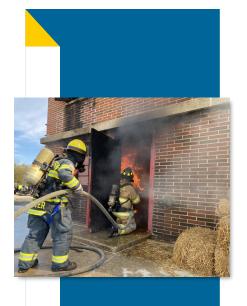
April 19, 2024 **OR** May 18, 2024
Written Testing shall be conducted at **8am** at:
Kent Division, 1461 Chestnut Grove Road, Dover, DE.
Immediately to be followed by Practical Skills Testing shall be conducted immediately following,

ALL Practical Skills will be scheduled for the entire day.



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.









Phone: 302-739-4773

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

## Firefighter I & II Certification Examination (with Hazardous Materials Awareness or Operations Option)

#### **{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, and Hazardous Materials Awareness and/or Operations, if needed. The written examination consists of multiple-choice questions. Test questions and required skill evolutions, are based on the NFPA 1001-2019 Standard for Firefighter I & II, also IFSTA Essentials of Fire Fighting and Fire Department Operations, 7th Edition. (Documentation of training and skills for NFPA 472 or 1072 should have been submitted before applying to test.)

#### **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 the selected testing date, with additional dates added 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 including SCBA and Mask. 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. All equipment must meet NFPA Standards and is subject to inspection.

#### **NOTICE**

If meeting <u>all</u> 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. Please select that option listed on the application.

FEES	Affiliated	All Others		<u>Affiliated</u>	All Others
Firefighter I & II	\$250	\$500	Firefighter II Only	\$150	\$300
Haz Mat Awareness	\$50	\$100	Haz Mat Operations	\$50	\$100

NOTE: Applicants will receive a confirmation by email upon acceptance.

Applicants must bring a photo ID on day of testing in order to be admitted.

#### Fire Fighter I & II Certification Prerequisites and Required Training

- At least 16 years of age
- Signed "Fire Chief's Declaration" stating the candidate knows operational guidelines, command structure and equipment of the Fire Department.
- If needed, "Medical Approval Form" from a Medical Doctor verifying that the applicant is "physically fit to perform fire-fighter activities" NOTE: 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
- Current First Aid Certification Card, EMR (First Responder), EMT, or Paramedic
- Current CPR/AED certification card
- Hazardous Materials Awareness Pro Board or IFSAC Certificate (or testing same day\*)
- Hazardous Materials Operations Pro Board or IFSAC Certificate (or testing same day\*)

#### **Complete Application Checklist and attach with documentation.**

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

<u>Textbook</u>: IFSTA Essentials of Fire Fighting & Fire Dept Operations, 7<sup>th</sup> Edition

<u>Exam Prep</u>: IFSTA Essentials of Fire Fighting & Fire Dept Operations Exam Prep, 7<sup>th</sup> Edition

<u>Workbook</u>: IFSTA Essentials of Fire Fighting & Fire Dept Operations Workbook, 7<sup>th</sup> Edition

## NFPA 1001 - Firefighter I & II Certification Challenge Application Checklist

Candidate Name	
	of the below documentation <b>MUST</b> accompany the submitted application l be rejected and returned. Submit this form completed with the documentation.
	Completed and Signed Application (by Candidate and Authorized Officer) Completed and
	Signed Document Checklist (by Candidate)
	Copy of <i>current</i> Driver's License or ID
	Copy of <i>current</i> First Aid Card, EMR Card, EMT Card or higher EMS certification Copy
	of <i>current</i> BLS Provider CPR Card  (AHA or equivalent, list of accepted cards on the State Fire Prevention Commission website)
	Copy of Proboard/IFSAC 472 or 1072 Hazardous Materials Awareness Certificate  Challenging Test with NFPA 1001
	Copy of Proboard/IFSAC 472 or 1072 Hazardous Materials Operations Certificate  Challenging Test with NFPA 1001
	Verification of DSFS Core Classes or DSFS Equivalency Waiver  - Basic Firefighting Skills  - Structural Firefighting Skills  - Hazardous Materials Response Skills  - Vehicle Rescue
	Signed Training Officer Declaration (Stating the candidate knows operational guidelines, command structure, and equipment, and has current medical clearance)
	Completed Medical Approval Form ( <i>IF REQUIRED per Training Officer Declaration</i> ) (Verifying physical fitness to perform firefighting activities, must be within <b>90 days</b> of testing.) Candidate may be scheduled to test, but will be rejected if not received one week before testing.
Candidate Signature	Date

## NFPA 1001 - Firefighter I & II Certification Challenge Application

## Please print clearly

Name:		Date of	f Birth:	
Address:				
City:	State:	Zip:		
Email:		Phone:		
Fire Department/Company Affiliation:				
Proboard ID #:	(4 digit code asso	ociated with you	r certifications)	
NFPA 1001 Challenge (Select ONE)  I will be challenging ONLY the Firefig I will be challenging BOTH the Firefig  NFPA 1072 Challenge (if needed)  I will also be challenging ONLY the H	ghter I & II levels lazardous Materials			
I would like to order the following r	eference books (M	UST be picked u	p at DSFS Dover)	
IFSTA Essentials of Firefighting 7th E IFSTA Essentials of Firefighting 7th E IFSTA Essentials of Firefighting 7th E	dition <b>Workbook</b>		\$65.00 \$35.00 \$35.00	
I attest that I have the prerequisite training and I understand that if all documentation is not att				ed.
Candidate Signature		Date		
I am requesting testing accommodations (Extra			Test to be read aloud	)
I attest that I have approved this Candidate's ap attached. The Candidate is physically able to pe related charges for injury or illness will be the re	rform the physical t	tasks for testing.	Any medical, first aid, or	
Authorizing Officer Signature		Date		
Authorizing Officer Name & Rank (Print) Applications received after	the noted registra		Phone: LL NOT be accepted.	
Out-of-State Fire Departments	and Companies MI	<b>UST</b> submit paym	nent with application	
Check Amount \$	Check number		<u> </u>	
Credit Card: Cardholder Nam  Fees paid for any Candidate not a		will he refunded	Phone number:	
. 555 para joi any canalaute not a	pit a to testing	we rejunacu		

## <u>DSFS Declaration of Certification Applicant's Ability to Perform Local</u> <u>Company Tasks and Procedures</u>

As the Authorized Officer of the	Fire Company,
I have observed the performance of	and
swear that this applicant for certification is thoroughly familiar v	vith the Standard
Operating Procedures/guidelines and equipment of this Fire Codemonstrated proficiency in compliance in all areas listed and (Check each as the applicant properly performs the task.)	
(Greek each as the applicant property performs the task)	

- ⇒ Operation of Company communications equipment (4.2.3 & 4.2.4)
  - Portable radio
  - Mobile radio in apparatus
  - o Initiate an emergency call for assistance
  - o Transmit and receive messages with the use of a radio
- ⇒ Station phone system policy and procedure to properly answer and respond to: (4.2.2)
  - o Emergency calls
  - Non-emergency calls
  - Operation of the station intercom in available.
- ⇒ Operation of safety equipment required for riding fire equipment (4.2.1)
  - Seat belt
  - Mansaver bar or cab door
- ⇒ Location of all tools located on Company apparatus (4.3.2 & 4.5.1)

(Cross out if your Company does not have a piece of equipment)

- Hydraulic rescue tools
- Halligan bars
- o Pike poles
- Plaster hooks
- Axes
- Ventilation Saws
- Salvage covers
- Debris bags
- o Water vacs / dewatering equipment
- o SCBA
- o Ground ladders
- Portable lights
- Cord reels
- Generators
- o Portable pumps
- o Portable / specialty tool kits

#### DSFS Declaration of Certification Applicant's Ability to Perform Local Company Tasks and Procedures

- ⇒ Policy and procedure for maintaining all hand tools located on your apparatus (4.5.1 & 5.5.4)
  - 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 (5.2.1)
  - Company emergency response form
  - o Incident attendance report form
- ⇒ Ability to complete forms company daily forms (5.2.1 & 5.5.1)
  - Function attendance form
  - Maintenance / equipment out of service form
  - Phone message form
- ⇒ Ability to preserve evidence for use of the Fire Marshal. (5.3.4)
  - Explain circumstances under which evidence should be preserved
  - List types of items that could be evidence
  - Explain the preservation process that should be used

By signing, I attest that the above-named candidate has been medically cleared under the requirements of NFPA 1001 Sections 1.3.8 (3), that personnel shall meet any medical requirements of the AHJ & (4) Job-related physical performance requirements established by the AHJ and NFPA 1001 Section 1.3.11.1 (3) that prior to entering training the candidate shall meet the Medical Requirements of NFPA 1582.

This candidate has been medically cleared to participate in firefighting activities with our organization, without significant change to their health since that medical clearance, and they are physically capable of performing physical activities as part of the Firefighter I and 2 Certification practical evaluations. If needed, a summary of a current physical from a medical professional may be submitted with this form **or** the DSFS Medical Approval Form is to be completed. This form must be completed before any training or testing requiring physical activities begins.

Authorized Officer (Print Name)	
Authorized Officer Signature	 Date

### **DSFS Firefighter I & II Certification Medical Clearance Form**

This medical approval form intends 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. The form must be completed by the testing date to be registered.

Applicant's Date of Birth:

Applicant's Name:

Str	reet Address:
Cit	y:State:Zip:
	Examples of Activities to be performed
1.	Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy object ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emerger response actions under stressful conditions while wearing personal protective ensembles and self-contain breathing apparatus.
2.	Climbing up to five flights of stairs while wearing a fire protective ensemble weighing at least 50 lbs. or me and carrying equipment/tools weighing an additional 20 to 40 lbs.
3.	Wearing firefighting personal protective equipment which is insulated that may result in significant fluid to 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 18 lbs. to safety despite hazardous conditions and low visibility
5.	Advancing water-filled hose lines up to $2\frac{1}{2}$ in. in diameter from fire apparatus to occupancy (approximate 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 narrand uneven surfaces.
	Medical Professional's Verification
inc	m a Medical Professional, authorized to perform physical evaluations, and I have examined the above-named dividual and have found them to be physically capable of performing typical firefighting activities as part of the defighter I/II certification practical evaluation at the Delaware State Fire School.
Mε	edical Professional's Name & Qualification (Type or Print)
Str	reet Address:
Cit	y:Zip:
No	te any Restrictions:



Medical Professional's Signature:



Date:\_