

PENNSYLVANIA FIRE SERVICE VOLUNTARY CERTIFICATION PROGRAM



FIRE OFFICER II CANDIDATE HANDBOOK

OFFICE OF THE STATE FIRE COMMISSIONER
PENNSYLVANIA STATE FIRE ACADEMY

Dear Certification Candidate,

Welcome to the Pennsylvania Fire Service Voluntary Certification Program. The purpose of this manual is to provide you with information to successfully participate in certification testing. This manual outlines the pre-requisites, testing and application process, and provides you with a study guide reference list. Tests are conducted under the sanction and approval of the Pennsylvania Office of the State Fire Commissioner with accreditation granted by the National Board on Fire Service Professional Qualifications (National Pro-Board) and the International Fire Service Accreditation Congress (IFSAC)

In accordance with Act 61 of 1995, The State Fire Commissioner Act, the Office of the State Fire Commissioner is the certifying agency within the Commonwealth of Pennsylvania, and the Pennsylvania State Fire Academy is the administering agency. Any United States Citizen eighteen (18) years of age or older who resides in Pennsylvania may apply for consideration as a test candidate.

Good luck and thank you for participating in the Pennsylvania Voluntary Fire Service Certification Program.

Application Process

Obtain an application from either the Office of the State Fire Commissioner (OSFC) website www.osfc.pa.gov or an approved test site. You must fill out the form, in full, and provide all required documentation. The completed application and accompanying documents are to be submitted to an approved test site or PA State Fire Academy (PSFA). Your application is then reviewed and either accepted or rejected based on compliance and deficiencies (i.e., lacks pre-requisites, no signatures, etc.).

The general test process is as follows:

1. A candidate must submit a complete application including all supporting documents;
2. After the application is approved, the candidate takes the written and subsequently the skills tests (NOTE: the skills test cannot be taken before the written test);
3. Upon successful completion of the written and skills tests and a review of the application for completeness by the test site and PSFA or Delegated Authority, the candidate can be certified for the level tested. If a candidate should not pass any part of the testing process, a retest can be administered and must be completed within one (1) year of the original test date.

Application Pointers

1. Make sure the application is legible and complete. **Applications MUST be typed.**
2. Social Security Number: you have the option to provide the full nine (9) or just the last four (4) digits.
3. Provide your complete name including suffix (Jr, Sr, III, etc.) **NO** nicknames please.
4. Make sure your mailing address includes street, apartment number, city, state and zip code.
5. Make sure all appropriate signatures are obtained and are signed in **BLUE** or **BLACK** ink.
 - a. *Chief Officers CANNOT sign for themselves where a Chief Officer's signature is required;*
 - b. *For this requirement, another Chief Officer MUST sign this section of the application.*
6. Legible copies of all pre-requisites must be attached and signed were applicable. **NOTE:** *Copies must include both the front and back of the document where applicable. (i.e. CPR & Medical cards).*
7. Make sure your Prerequisite Verification Form (found in the back of the application) is appropriately marked off and signed in **BLUE** or **BLACK** ink.

Prerequisites

1. **Successful completion of Incident Command System Course: The following are recognized courses:**
 - a) NIMS ICS for Fire Service
 - b) NIMS ICS for EMS
 - c) National Fire Academy, Incident Command System Course
 - d) NFA ICS 100 and 200 (Independent Study or Facilitated Courses)
 - e) Incident Command System and Resource Management for the Fire Service
2. **Fire Officer I Certification:** You **MUST** be certified (Pro-Board / IFSAC) at the Fire Officer I level. You will need to submit a copy of your certification with this application.
3. **Fire Service Instructor I Certification:** You **MUST** be certified (Pro-Board / IFSAC) at the Fire Service Instructor I level. You will need to submit a copy of your certification with this application.

4. **Hazardous Materials Training and/or Certification:** Candidates must be currently trained or certified at the First Responder Operations Level or higher in accordance with NFPA 472 "Standard for Professional Competence of Responders to Hazardous Materials Incidents". The following courses of instruction have been determined to meet this requirement.

Attach a copy of one of the following recognized certificates (Delmar or Jones & Bartlett curriculums).

- Hazardous Materials Operations Level, **OR**
- Hazardous Materials Operations Level Annual Refresher

The training or certification certificate **MUST** be dated within one (1) year of the date of this application. If either is greater than one (1) year, you **MUST** show proof of completion of a current refresher training course.

Method: Fire Officer II certification is completed either by open challenge or following (i.e., post) an approved training program. **Please Check Method Used:** _____ Open Challenge _____ Post-Course Completion

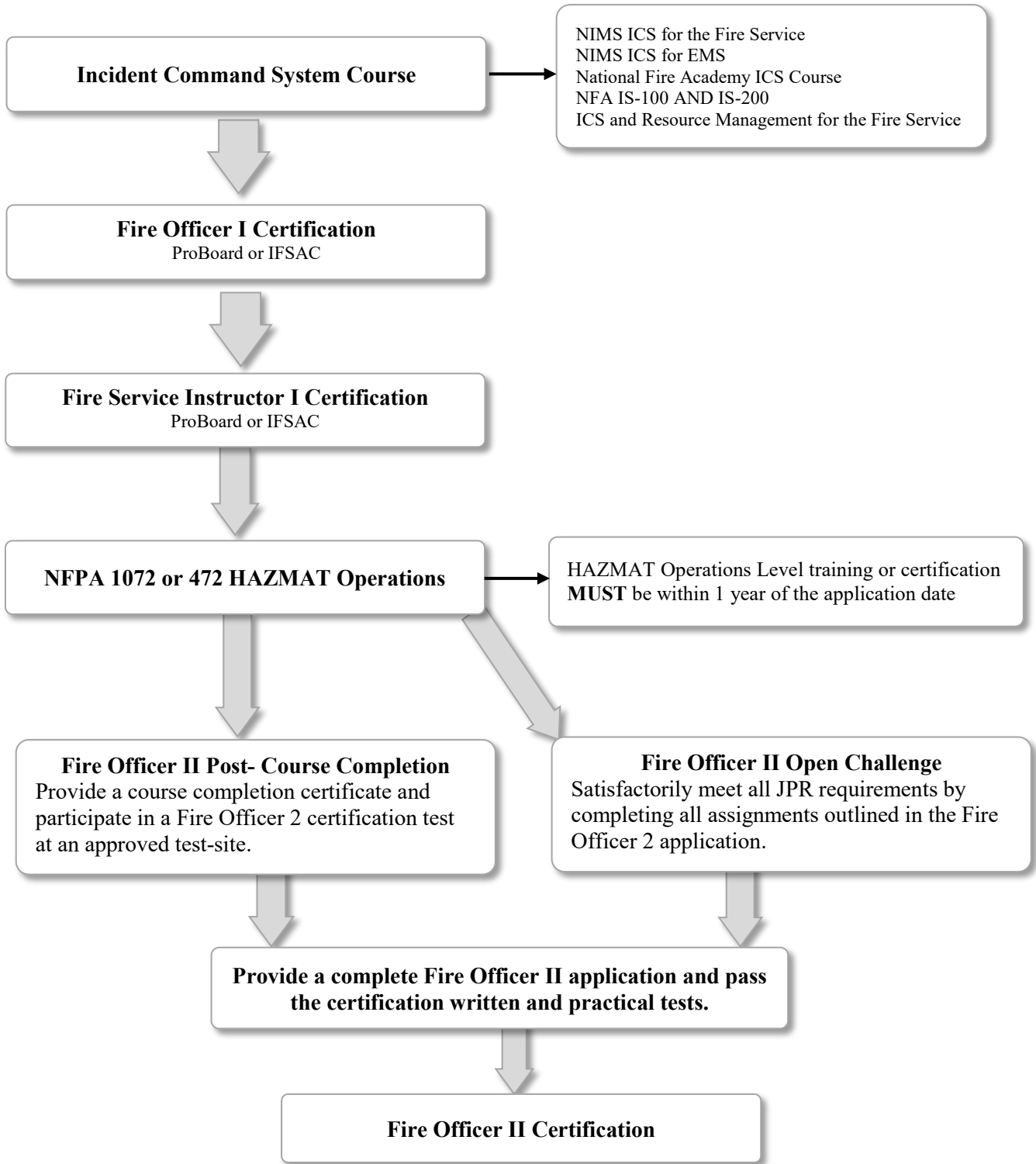
Post-Course Challenge

To certify by this method, you **MUST** successfully complete a Fire Officer II course of instruction approved by the State Fire Academy within one (1) year of the date of this application. You **MUST** also successfully pass the written and practical skills and provide a current certification application. Filing the application, taking the written test, and completing the required practical skills is coordinated through an approved test-site. **NOTE:** You will need to submit a copy of your Fire Officer II course completion certificate with your application.

Open Challenge

To certify by this method, you will need to submit the application and practical skills (i.e., practicum). There are six (6) parts to this challenge exam which are outlined in the application. Section VI of the application provides specific details about what is required for the practicum; additional information is also found within this handbook. All materials **MUST** be assembled sequentially from Parts I through VI. Materials used to complete each part **MUST** be properly labeled indicating the JPR(s) met; furthermore, materials submitted **MUST** be the candidate's own original work. **NOTE:** You should contact the certification staff at the Academy prior to starting the open challenge process.

Fire Officer II Certification Pathway



Test Policy

Written Test: The written test consists of one hundred (100) questions and is randomly generated. Candidates have a maximum of two (2) hours to complete the test. Passing score for the written test is seventy percent (70%).

Skills Test: Candidates must pass one hundred percent (100%) of the skill stations offered.

Re-test Policy

Written Test: If you are unsuccessful, you have a total of two (2) retest attempts and have one (1) year to complete the retest. You will need to contact the fire academy or a test site of your choice to schedule a retest.

Skills Test: You must pass 100% of the skill stations offered.

- If you are unsuccessful on three (3) or less skill stations, you may retest the same day (only one retest per skill station);
- If you are unsuccessful on four (4) or more skill stations, you may NOT retest the same day. Skill retests must be scheduled for a later date and time.
- A total of eight (8) retest attempts are permitted and must be completed in one (1) year to successfully complete the testing process.

Appeals

A candidate may request a review of his/her performance records by the State Fire Academy within thirty (30) days of receipt of a failure notice. Appeals **MUST** be in writing and in accordance with the policies and procedures of the Certification Program.

Send to: Pennsylvania State Fire Academy
Attn: Certification Program Manager
1150 Riverside Drive
Lewistown, PA 17044

Accommodations

The Pennsylvania Fire Service Voluntary Certification Program offers reasonable accommodations for the written certification exams for individuals with documented disabilities. Only written requests for accommodations for certification examinations are reviewed and each request is reviewed on a case-by-case basis. Requests must be submitted on the Accommodation Request form. The Pennsylvania Fire Service Voluntary Certification Program provides written notification of its decision to the candidate upon completion of its review and the review by legal counsel of the request for accommodation.

The *Accommodation Request* form is located on Page 8 of this manual or is available from the Pennsylvania State Fire Academy and test site coordinators. Please contact the Certification Program Manager for further information. The candidate who is requesting an accommodation must complete the request form at the time of application submission or as soon as the need for an accommodation is recognized. All requests must be made prior to the scheduled date of the examination. Any request for accommodation not submitted at least twenty (20) working days prior to the scheduled examination will result in a delay in the candidate's date of examination.

Documentation of a specific disability which would impact a candidate's performance on the written examination must be current (within five (5) years of the date of application). Such documentation should include a signed explanation on letterhead stationary from a professional who is familiar with the applicant's disability or a copy of an Individual Education Plan (IEP) from an educational institution. See below comment.

The statement must confirm and describe the disability for which the accommodation is requested. The professional must have expertise in the specific disability for which the accommodation is being requested.

Request for Accommodation Form

Name of Candidate: _____
 Last Name First Name Middle

Address of Candidate: _____

Telephone Number (area code): _____
(please list a number you can be reached during daylight hours 8am – 4pm)

County of Residence: _____ Email Address: _____

Certification Level Requesting Accommodation for: _____ Date of Test: _____

Test Site to which you have submitted your application: _____

I reviewed the NFPA job performance requirements for the level of certification I am seeking; and I am requesting the following accommodation(s) due to my disability related needs:

_____ I have attached a statement on letterhead stationary from a professional who is familiar with my disability. I understand that the professional must have expertise in the specific disability for which I am seeking an accommodation for and the statement must confirm and describe the disability for which the accommodation is requested. Statement is signed by the professional.

_____ I am submitting a copy of an IEP (Individual Education Plan) which I have obtained from my educational institution.

Signature of individual completing this form Date

Printed or type name of the individual completing this form

Return this form to: Pennsylvania State Fire Academy
 Attn: Certification Program Manager
 1150 Riverside Drive
 Lewistown, PA 17044
 (717) 247-3743

Recertification

In the Commonwealth of Pennsylvania, certification is a voluntary process; currently there is no requirement for recertification. Issuance of a certificate indicates the candidate has successfully passed the certification test. The certificate issued indicates the candidate is certified based on the edition and year of the standard under which the candidate certified. Furthermore, issuance of a certification certificate does not imply nor guarantee any indication of future performance because of the testing process.

Safety Policy

A candidate should meet the requirements of NFPA 1582 *Standard on Medical Requirements for Firefighters and information for Fire Department Physicians* prior to participating in any physical test to ensure his/her ability to safely perform the required tasks.

For the safety and protection of all participants, all equipment and Personal Protective Equipment (PPE) used in a test **MUST** meet the NFPA standard at the time of manufacturing. PPE will be inspected prior to use in a test.

The facial hair policy states candidates with facial hair which interferes with the operation or use of a Self-Contained Breathing Apparatus (SCBA) will not be permitted to participate in a test that requires use of a SCBA.

Test Results & Release of Results

The Office of the State Fire Commissioner / PA State Fire Academy notifies candidates of their results in writing via US Postal Service (i.e., mail). Only Pass/Fail grades are given.

In accordance with the Federal Education Records and Privacy Act (FERPA) of 1974 (a Federal law that established a minimum standard for the protection of educational records), PSFA requires prior consent from a candidate before any records or other personally identifiable information can be released. In the event a third-party requests test result, a Consent to Release Information form **MUST** be completed, signed, and submitted by the candidate to the PSFA before records are released to the third party.

No show policy

If a candidate is accepted for testing and fails to show up without an acceptable reason, the test site has the right to enforce their no-show policy that could include but is not limited to suspension from testing for an identified period of time and/or financial penalties.

Professional Testing Integrity and Dishonesty

Dishonesty in the professional test environment includes but is not limited to: cheating, plagiarizing, facilitating acts of testing dishonesty by others, having unauthorized possession of examinations, or submitting work of another person. Any instance(s) of testing dishonesty constitutes the need for disciplinary and/or legal actions. All certification candidates shall act with personal integrity, respect others rights and property, and help maintain a professional environment in which all can be successful.

Test Site Coordinators, Assistant Coordinators, Test Proctors, Evaluators and Instructors should take reasonable steps to anticipate and deter acts of dishonesty, reinforce integrity, and support appropriate behavior to protect the rights and trust of honest candidates. At the beginning of each test process, it is the responsibility of those to provide candidates with the "Testing Integrity and Dishonesty" policy and clarify questions that may arise.

Falsification of Documents

Any individual found to have forged, altered, or falsified documentation for the purpose of certification testing will be indefinitely suspended from participating in any certification exam within the Commonwealth of Pennsylvania. Further action may be taken in accordance with the Pennsylvania Crimes Code 18 Pa C.S. 4904, relating to unsworn falsifications.

Cheating on Test

All candidates are expected to work entirely on his/her own while taking any exam. Violations of test integrity consist of any attempt to receive assistance from written or printed aids unless provided by the test proctor for the purpose of a specific test, or any persons, papers or electronic devices, or of any attempt to give assistance

Document Integrity

Certification candidates are expected to complete any and all work individually. For any material obtained from other sources such as plot plans, web maps, etc., a source reference must be given. All essay answers must be the candidate's own work.

Study Reference List

The following is a list of text that may be reference in preparation for testing.

1. National Fire Protection Association NFPA 1021 (2014 Ed) Standard for Fire Officer Professional Qualifications;
2. Jones and Bartlett, Fire Officer, Principles and Practices, 3rd Edition;
3. Jones & Bartlett: Public Safety Group Navigate 2 TestPrep: Fire Officer I & II
<https://www.psglearning.com/fire/officer/productdetails/9781284070798>
4. Skill Sheets available on the OSFC website www.osfc.pa.gov

Additional Information:

1. The application should be submitted to the test site no later than their established deadline or no later than three weeks prior to the test date.
2. Please contact the test site of your choice to receive information about testing fees.
3. A photo ID is required at check-in time for the written and skills test.

Certification applications and skill sheets, in addition to the test schedule and test site contact information, can be found at www.osfc.pa.gov under < State Fire Academy > link, then the < Certification > sub-link at the top of the webpage. A page will open with information about the certification program and process. Scroll through the page to find the links for certification applications, skill sheets, test schedule, and test site contact information.

If you have additional questions or concerns about the test process, please contact the test site coordinator at the site where you applied to be tested or contact the PA State Fire Academy Certification Program Staff.

Fire Officer II

Guide 1

Skill Sheets A

Human Resource Management: Evaluating Member Performance

Human Resource Management: “Injury Report”

Given an incident with an injury to a department member, the candidate will complete an injury report and prepare a memo for their supervisor describing the scenario. The report and memo shall address all tasks found in Skill Sheet A. The requirement for this skill is to initiate action to correct unacceptable performance and/or maximize member performance so the member’s or unit’s performance is improved. The actions/issues shall be referred to the next level of supervision.

The scenario involves an injury during an in-service/company level training event or an incident response. Using the forms provided (in this handbook) and the human resource/jurisdictional policies/procedures complete the necessary reports and draft a policy statement or revise an existing policy/procedure to mitigate future occurrences.

Tasks:

1. Complete an injury report on the member involved (select one of the scenarios below);
2. Complete a memo addressed to the next level of supervision (e.g., chief, safety officer, etc.) which provides a description of the event and all tasks listed in Skill Sheet A, to include the nature of the problem, probable cause, and corrective measures taken to mitigate reoccurrence.
3. Draft a statement or revise a statement for inclusion to the policy/procedure to correct the unacceptable performance and to ensure a recurrence is minimized or eliminated.

Note: If using a jurisdictional policy/procedure, make a recommendation for its revision to meet Tasks 10, 11, and 12 of the Fire Officer II Skill A. The jurisdictional policy referenced **MUST** be submitted with the packet. Please check your work against Skill A to ensure you have completed the tasks required.

Report of Injury Scenario (select one)

Scenario A: During a company level structural burn training session, Fire Fighter Quebec was injured. Fire Fighter Quebec was the nozzle-person of a two-person hose-line team. While making entry to extinguish a room and contents fire, Fire Fighter Quebec opened the nozzle prematurely and with an incorrectly fog pattern. His action resulted in significant steam burns to himself on the back of his hands and neck. Fire Fighter Brown, his back-up person, was uninjured.

All building conditions complied with the current NFPA 1403 Standard and the current Pennsylvania State Fire Academy’s Live Burn Policy.

Scenario B: During a routine medical assist, Fire Fighter/EMT Sample and Fire Fighter/EMT Weighty assisted an EMS crew with patient lifting and loading. While loading the patient, Fire Fighter/EMT Sample inappropriately lifted the stretcher into the EMS unit. Once back at the station, Fire Fighter/EMT Sample notified the station officer of some discomfort in his back.

As a QRS certified department, you personnel routinely respond to Level I medical emergencies in addition to EMS assistance with patient management.

Incident / Injury Report

Date of Incident: _____ **Time of Incident:** _____
Name: _____ **Employee or SS#:** _____
Address: _____
Date of Birth: _____ **Gender:** Male / Female
Incident Location: _____ **Address:** _____
Organization: _____ **Chief or Point-of-Contact:** _____
Organization Contact Number and/or email: _____

Nature of Incident

Nature of Injury / Illness: _____
Probable Cause: ___ Fall ___ Struck ___ Lifting ___ Burns ___ Crush ___ Other
Explain injury / illness: _____

Unsafe Act: ___ Yes ___ No **Unsafe Condition:** ___ Yes ___ No
Severity: ___ Disabling ___ Non-Disabling ___ Fatal ___ Unknown (Explain)

Care Provided: ___ None ___ On-Scene ___ Refusal Signed (attach form) ___ Transported
Facility Name: _____
EMS Provider - Transport: _____
Contact Info for Facility / EMS: _____

Description of Incident

Brief Description of the Incident (who, what how, why): _____

Recommendations for Prevention: _____

Candidate Name: _____ **Candidate Signature:** _____



DATE:

TO:

FROM:

RE:

DESCRIPTION: *(Use as many pages as needed to ensure all items and actions were documented).*

ACTION(S) TAKEN:

EMPLOYEE SIGNATURE: _____

COMPANY OFFICER'S SIGNATURE: _____

Fire Officer II
Guide 2
Skill Sheet B
Human Resource Management:
Job Performance Review

Human Resource Management: Annual Performance Evaluation

Given a job performance evaluation task for a supervised member (see scenario below), and using personnel records and forms provided in this handbook, evaluate and document the performance of a member(s) and develop a professional development plan that is in accord with human resource policies and procedures.

Consider the following items when preparing the:

Performance Review documentation

- Job knowledge and skills
- Work habits and results
- Recognition of excellent performance
- Problems or areas for improvement and suggested solution(s)
- Problem-solving abilities
- Overall comments and rating

Professional Development plan

- Opportunities for professional development
 - Training
 - Mentoring opportunities
- Recommendations for improvement to address areas of concern

Tasks:

1. Review the following scenario. Using the information provided, complete an Annual Performance Evaluation for Driver/Operator Matthew Dillion.
2. Using the criteria provided as reference (or using your jurisdictional plan), prepare a professional development plan so the necessary knowledge and skills can be acquired for promotion eligibility.
3. As the first-line supervisor, prepare a memo to be sent to your next level of supervision about the performance evaluation forms and professional development plan.

NOTE: Please check your work against skill sheet B to ensure you have completed the tasks required.

Scenario

You are the captain and immediate supervisor of Driver/Operator Dillion. D/O Dillion has worked for you for the past 3½ years. It is time for his annual performance evaluation. The annual cycle is in accord with the calendar year (January 1 through December 31). You are evaluating his performance for last year.

D/O Dillion is a consistent, reliable performer. While not an overachiever, D/O Dillion is knowledgeable and competent in his abilities to operate the apparatus. Furthermore, D/O Dillion is capable of supervising personnel on a single-unit. He also, at times, provided some informal training to station personnel about apparatus operations, and water management and hydraulics per department guidelines and SOPs/SOGs. His record indicates no traffic violations, warnings, or disciplinary actions. D/O Dillion is a ProBoard certified Pumper-Driver Operator and does serve as an evaluator for certification tests as needed.

In preparing the evaluation, you reviewed the following notes made during the previous year:

- January and February: D/O Dillion spent time on each shift tutoring two firefighters for the Driver/Operator – Pumper certification test. Both firefighters successfully certified.
- March 31: D/O Dillion reported to work with a soiled uniform. You noted the situation and discussed the concern with him.
- April 17: D/O Dillion served as an evaluator for the Academy during a driver-operator certification test.
- May 24: At an apartment fire, D/O Dillion assisted the operator of Engine 5 with water supply and pressure control given tandem pumping and multiple supply lines were used in the operation.
- June 11: D/O Dillion volunteered to attend a two-day Pennsylvania State Fire Academy course on company-level leadership.
- June 30: D/O Dillion reported to work again with a soiled uniform.
- September: D/O Dillion offered and was permitted to deliver three company level training session about apparatus operations and managing water supply for hose-line operations.
- November 8: D/O Dillion reported 30 minutes late to work. He did not call per department policy to notify you he would be late. He offered no explanation about his tardiness. He was counseled about being on time.
- December 15: D/O Dillion reported to work with his uniform trousers torn. You had to send him home to change.

MPO Fire Department: Annual Employee Performance Review

Employee Name: _____ **Employee #:** _____ **Review Date:** _____

Criteria	Rating
1. Knowledge of job functions, SOPs/SOGs, municipal ordinances, and facilities: Is knowledgeable and applies the knowledge effectively in the performance of their duties both in the station and at emergency scenes.	
2. Operates safely and within SOPs/SOGs: Performs consistently their job functions safely and in accordance with the department's SOG's/SOP's and regulations.	
3. Leadership and teamwork: Demonstrates leadership skills or capacity for leadership, performs their role in a constructive and professional manner, and displays a commitment to the team.	
4. Work Ethic: Completes duties, apparatus checks, reports, training, suppression tasks and other functions as assigned effectively, consistently, and timely.	
5. Attendance and Sick Use: Consistently reports to work on time and when scheduled, appropriately request time off, uses sick time per department regulations.	
6. Professionalism and communications skills: Consistently demonstrates professional image and positive relationships towards peers, supervisors, and the public; maintains open communications and effectively works through conflicts.	
7. Preparedness for duty: Arrives at work in appropriate, clean, and neat uniform; PPE / SCBA are prepared at the beginning of the shift; has appropriate mindset.	
8. Commitment to professional development: Strives to improve skills and knowledge through continued education and training above and beyond the department requirements; maintains licenses and certifications (as warranted).	
9. Self-motivation: Employee is self-motivated and self-directed, and consistently looks for productive things to do without supervision.	

Employee Comments: _____

Supervisor Comments: _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Chief Officer Signature: _____ **Date:** _____

MPO Fire Department: Annual Employee Performance Review

Directions:

The following provides the criteria for each of the categorical rating areas of this annual personnel evaluation. Review the member's performance for the year and based on each category, numerically rate the individual. When completed, follow department procedures, review with the member and obtain approval before submitting to the Office of Personnel/HRD. Concurrently, please develop or revise the member's Individual Development Plan to be provided, via department procedures, to the member.

Knowledge of job functions, SOPs/SOGs, municipal ordinances, and facilities

5: Excellent	Understands and performs well all aspects of the job while on duty; understands SOGs/SOPs and department regulations; is well informed about 1 st due and mutual aid response areas; understands all daily operations of the department.
4: Good	Understands and performs most aspects of the job while on duty; is familiar with SOGs/SOPs and department regulations; is familiar with the 1 st due and mutual aid response areas; understands and completes the daily operations of the department.
3: Average	Is knowledgeable about some aspects of the job; needs guidance with SOGs/SOPs and department regulations; handles duties with some supervision; is familiar with the 1 st due area; understands some of the daily operations of the department
2: Needs Improvement	Needs guidance in most tasks of the job; needs assistance in referencing SOGs/SOPs and department regulations; knows the location of some of the major streets but must look up most locations; is unfamiliar with daily department operations.
1: Unacceptable	Does not have acceptable knowledge of job functions, SOGs/SOPs or department regulations; is not familiar with response area or daily operations.

Operates safely and within SOPs/SOGs

5: Excellent	Operates safely and in accordance with SOGs/SOPs and department regulations at all times; identifies safety concerns and corrects them when observed; promotes safety on the job.
4: Good	Operates safely and in accordance with SOGs/SOPs and department regulations at all times; on occasions addresses safety concerns with peers.
3: Average	Operates safely and in accordance with department SOGs/SOPs and department regulations; meets the basic safety and operational expectations.; infrequently ignores safety procedures.
2: Needs Improvement	Fails on occasion to operate safely per SOGs/SOPs and department regulations. Needs oversight and some training to assure compliance.
1: Unacceptable	Routinely fails to operate in a safe manner and is non-compliant in SOGs/SOPs and department regulations.

Leadership and teamwork

5: Excellent	Demonstrates leadership on the job at all times; mentors, trains, and coaches personnel; independently complete tasks, provides reports, and assists co-workers with their assignments
4: Good	Demonstrates leadership capabilities on the job at times. Mentors, trains, and provides support to other members. Is active in department issues and strives to promote teamwork.
3: Average	Meets acceptable expectations for leadership and teamwork; occasionally provides assistance to peers; routinely demonstrates teamwork abilities.
2: Needs Improvement	Does not provide leadership or promote teamwork without direction; completes assigned tasks but does not initiate assistance; does not demonstrate personal initiative.
1: Unacceptable	Does not demonstrate any capability for leadership; is a non-team orientated employee.

MPO Fire Department: Annual Employee Performance Review

Work Ethic

5: Excellent	All assignments, duties, checks, and reports completed on time; quality of work is above department criteria; assists others with their duties; mentors and teaches peers; takes charge.
4: Good	All assignments, duties, checks, and reports generally completed on time; quality of work is routinely above department criteria; assists others with their duties; mentors and teaches peers.
3: Average	Assignments, duties, checks, and reports most of the time are completed when due; quality of work is average; assists others when asked with their duties.
2: Needs Improvement	Assignments, duties, checks, and reports completed when directed to submit/complete; work at times needs review or revision.
1: Unacceptable	Often fails to complete assignments, duties, checks, reports; quality of work is substandard.

Attendance

5: Excellent	Always reports for duty when scheduled and notifies the supervisor 24-hours in advance (with exception of a personal emergency) if late or unable to report.
4: Good	Always reports for duty when scheduled and notifies the supervisor 6-hours in advance (with exception of a personal emergency) if late or unable to report.
3: Average	Reports for duty when scheduled and notifies the supervisor at some point (with exception of a personal emergency) if unable to report.
2: Needs Improvement	Reports for duty but at times late and/or fails to notify the supervisor (with exception of a personal emergency) if unable to report.
1: Unacceptable	At times does not reports for duty when scheduled and fails to notify the supervisor (with exception of a personal emergency) when unable to report.

Professionalism and communications skills

5: Excellent	Always maintains a professional, positive disposition about their work, and with personnel and the public; always maintains open communications and effectively deals with all issues.
4: Good	Routinely maintains a professional, positive disposition about their work, and with personnel and the public; maintains open communications and adequately deals with all issues.
3: Average	Maintains a professional disposition at most times about their work, and with personnel and the public; maintains open communications and deals with issues as needed.
2: Needs Improvement	Occasionally displays a negative attitude when on duty; at times fails to communicate effectively with peers and the public; often needs assistance in dealing with conflict.
1: Unacceptable	Routinely displays a negative attitude when on duty; has poor communications skills and is often involved in unresolved conflicts.

Preparedness for duty

5: Excellent	Arrives early for duty in well-maintained, clean uniform; properly groomed, mentally and physically ready to work. PPE and SCBA always checked and ready by duty time.
4: Good	Usually arrives before duty time in maintained, clean uniform; properly groomed, mentally and physically ready for work. PPE and SCBA normally checked and ready by duty time.
3: Average	On-time for duty in neat, clean uniform; properly groomed, mentally and physically ready for work. PPE and SCBA sometimes checked and ready by duty time.
2: Needs Improvement	Occasionally late for duty; infrequently reports without uniform on or uniform not ready for service nor properly groomed for work. PPE and SCBA not ready or checked by duty time.
1: Unacceptable	Routinely arrives late to work or arrives out of uniform, not properly groomed; consistently needs to retrieve PPE and SCBA after duty time nor completes check in a timely manner.

MPO Fire Department: Annual Employee Performance Review

Commitment to professional development

5: Excellent	Always maintains a high level of proficiency through training and education; sets goals for personal and professional improvements and completes them; supports peers in their professional improvement efforts through promoting continuing education and training.
4: Good	Maintains above average proficiency through training and education; sets professional goals for improvements and often completes them; supports peers in their professional improvement efforts through promoting continuing education and training.
3: Average	Maintains adequate proficiency through training and education; sets professional goals for improvements and sometimes completes them; when asks provides support to peers in their professional improvement efforts.
2: Needs Improvement	Struggles to maintain acceptable levels of proficiency for the assigned duties; does not take initiative to define and complete professional development opportunities; does not assist peers in their professional improvement efforts.
1: Unacceptable	Fails to maintain proficiency and does not engage in professional development.

Self-motivation

5: Excellent	Employee is always self-motivated, self-directed and is constantly looking to be productive in department activities without supervision.
4: Good	Employee is routinely self-motivated, self-directed and often is looking to be productive in department activities without supervision.
3: Average	Employee meets basic expectations regarding self-motivation; needs guidance/supervision in supporting department activities.
2: Needs Improvement	Employee lacks self-motivational qualities and often needs some level of supervision in supporting department activities.
1: Unacceptable	Employee is not self-motivated and needs constant supervision and oversight.

MPO Fire Department - Personal Development Plan

Directions: In coordination with the member, discuss and list both long term (i.e. 1 – 5 years) and short term (i.e., less than 1 year) professional development goals. Indicate the method (e.g., course, exercise, workshop, mentoring, etc.) used to meet the goal(s). The form must be signed and dated.

Employee Name: _____ **Employee #:** _____ **Review Date:** _____

Section A: List Long Term Goals (3-year timeframe)
1.
2.
What courses, training, professional workshops, or other activities are planned in order reach your goals?

Section B: List Short Term Goals (over the next one-year period)
1.
2.
3.
What courses, training, professional workshops, or other activities are planned in order reach your goals?

Development Activity	Provide / Source	Cost	Planned Completion Date

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Chief Officer Signature: _____ **Date:** _____

Fire Officer II
Guide 3
Skill Sheet C
Administration:
Policy / Procedure Development

Administration: Policy/Procedure Development

Directions: Given an issue (see the scenario below) and an assignment, develop a policy or procedure at a company officer's level so the recommended policy or procedure identifies the problem and provides a solution.

Task: Review the scenario below. Using the policy development worksheet and the provided policy format (next two pages), develop a policy to address the issue identified. Be sure to address the following items:

1. Determine if an issue exists (i.e., harassment or affirmative action case);
2. Identify the action(s) taken to correct/evaluate the unacceptable performance;
3. Identify if/how the action(s) (resolution process) helped or aggravated the problem;
4. Develop a policy or procedure so that the recommended policy or procedure identifies the problem and includes disciplinary actions

NOTE: Please check your work against Skill Sheet C to ensure you completed all required tasks.

Scenario:

You are a shift captain with several personnel under your command. You have been on leave for several shifts. When you return to work, you find two notes in your mailbox, each in their own way indicating that some of the firefighters have been harassing Fire Fighter Jones about the ethnic background of his girlfriend. No names were provided, and the authors of the notes are not known; however, it is evident that two different individuals wrote the notes. The fire department has no written policy or procedure regarding this type of behavior. You determine, based on department policy, that you are responsible to investigate, notify your upline reporting command, and provide a draft policy to the department leadership to address future incidents.

[**Note:** please author your response based on your local department/company context.]

Policy Development Worksheet

[NOTE: This worksheet is an aid for policy development – NOT the policy document.]

1. Does a harassment issue exist?
2. What management tools are available to assist the company officer in correcting this type of behavior?
3. Would a policy help prevent and correct this type incident?
4. What is the intent of the policy (what is the purpose)?
5. Who is the target audience (overall scope)?
6. What is the intent and outcome of the policy?
7. Does the policy address corrective measures and disciplinary action?

Policy Template Sample

Fire Department Name

Policy Title

Policy Number

Effective Date

Revision Date

Non-applicable

Purpose

Scope

Policy

Fire Officer II
Guide 4
Skill Sheet D
**Administration: Develop a Project
or Divisional Budget**

Develop a Project or Divisional Budget

Directions: Utilizing one of the two forms provided in this handbook, develop a project or divisional budget to include a schedule, personnel, and operational and/or capital costs. You **MUST** describe the purchasing process including how the solicitation and bid awarding process is done. Attach a copy of the completed budget request including supportive data (i.e., cost estimate proposals), and provide a memo to your supervisor explaining your actions taken.

The topic for this skill is chosen by the candidate. Two examples of budget forms are provided in the following pages. Please choose one form to use; in addition, a memo is provided for use in the up-line reporting requirement.

NOTE: Please check your work against Skill Sheet D to ensure you have completed all tasks required.

FIRE DEPARTMENT Project Budget Worksheet (Example 1)

Personnel

Item	Cost
Total	

Operational

Item	Cost
Total	

Equipment

Item	Cost
Total	

Total Budget

Personnel	
Operational	
Equipment	
Total	

FIRE DEPARTMENT Project Budget Worksheet (Example 2)

			Current Year	
		Item	Budget	Actual
Revenues				
Fees				
Others				
	Total			
Expenditures				
Personnel – (salaries, wages, OT overhead cost)				
	<i>Subtotal</i>			
Operational – utilities (electric, gas, phone, wireless, etc.)				
	<i>Subtotal</i>			
Operational - Service				
		Marketing		
		Other		
	<i>Subtotal</i>			
Operational - Maintenance				
		Equipment		
		Buildings		
		Repair		
		Other		
	<i>Subtotal</i>			
Operational - Other Expenses				
		Office supplies		
		Clothing		
		Postage & Handling		
		Fuel		
		Travel		
		Training		
		Lodging		
		Meals		
	<i>Subtotal</i>			
Capital Projects				
		Station		
		Technical Support		
		Consulting		
		Training - Personnel		
		Other		
	<i>Subtotal</i>			
	Totals			



DATE:

TO:

FROM:

SUBJECT:

DESCRIPTION / BUDGET SUMMARY:

JUSTIFICATION:

SIGNATURE: _____

DATE: _____

Fire Officer II
Guide 5
Skill Sheet E
Administration: News Release

News Release

Directions: The candidate will choose an emergency service topic and prepare a press release using the form provided or a jurisdiction form. The candidate **MUST** attach the news release for the topic or event.

The news release **MUST** include all items noted in the skill sheet. If using a local form, the document **MUST** be on a department or jurisdictional letterhead.

NOTE: Please check your work against Skill Sheet E to ensure you have completed all required tasks.

- News release identifies an appropriate topic or event;
- The narrative identifies the target audience for the topic or event;
- News release contains the name and phone number of designated contact person;
- The narrative summarizes the topic or event (who, what, when, where, how and why);
- News release is double spaced, on a letterhead, and contains the End-of-News sign -30- or (###).

News Release



Contact [Name, Phone # e-mail]:

Date:

Implementation (*Immediate Release* or *Release Date*):

Introduction

Narrative

###

Fire Officer II
Guide 6
Skill Sheet F
Administration: Report Using Data

Data Processing Report

Directions: The candidate will research the information management system utilized by their Fire/EMS/Public Safety organization and prepare a report for the supervisor.

If no information management system is in place, the candidate will prepare a report that recommends a system based on jurisdictional needs. The report shall describe the system's:

1. capabilities;
2. applicability to the jurisdictional needs;
3. effectiveness and improvements that would be provided to the jurisdiction;
4. potential data analysis items based on observed trends, variances, or other operational needs.

Task: For either Part A or B of this skill, you **MUST** prepare and provide a report to the supervisor detailing the items noted in the skill sheet (or as noted above).

Measures of statistical items can include:

Trends: A positive or negative pattern noticeable from a series of data points which show gradual change or a general tendency to influence direction over a time-period which is statistically detectable.

Variance: A statistical measure of degrees of deviation from a data distribution in relation to averaged value of the data.

Other related topic (Consider the following)

- What data do you want or need to know from an information management system?
- What available data do you currently collect or report on?
- What requirements are included in the department policies, procedures or SOGs/SOPs?

The report **MUST** support the recommendations for the implementation of a new system or change in an existing system, and shall employ one or more of the statistical items noted which **MUST** be submitted with the report.

NOTE: Please check your work against Skill Sheet F to ensure you have completed all required tasks.



DATE:

TO:

FROM:

SUBJECT:

DESCRIPTION

JUSTIFICATION

NARRATIVE

SIGNATURE: _____

DATE: _____

Fire Officer II
Guide 7
Skill Sheet G
Inspection and Investigation

Inspection and Investigation

Directions: Given a fire scene, demonstrate the appropriate method(s) for securing the scene. Then conduct a fire scene investigation, document your findings in a report and include point-of-origin and preliminary cause information, and method(s) to preserve the scene and evidence in accordance with the authority having jurisdiction's policy.

Tasks:

1. Describes how appropriate officials are notified and how information is communicated to the same;
2. Describe how the scene is secured;
3. Identifies, demonstrates, and documents process for preserving evidence;
4. Evaluates all information (e.g., interviews, investigation, etc.) to determine preliminary cause;
5. Identifies and documents probable origin;
6. Identify and documents preliminary cause.

NOTE: Please check your work against Skill Sheet G to ensure you have completed all required tasks. The candidate will provide a both a fire and preliminary investigation report.

Completion Method

Post-Course Completion Method

The scenario for this skill is provide by the Academy to the test-site for distribute to the candidates in adequate time to complete the skill prior to the test date.

Challenge Method

For candidates who choose the challenge method, contact PSFA certification staff for the scenario information needed to complete this station.

Fire Officer II
Guide 8
Skill Sheet H
Emergency Services Delivery

Emergency Services Delivery

Directions: Utilizing the forms / criteria provided, complete the following three components:

- a) prepare a detailed pre-incident plan;
- b) develop an incident action plan for a multi-unit operation;
- c) conduct a post incident analysis.

The facility is chosen by the candidate; however, read the notes provided below.

Task:

1. Given an assignment from a chief officer perspective's, and using the pre-plan form provided on the following pages, prepare a pre-incident plan.
2. Develop an incident action plan (utilizing an ICS 201 Incident Briefing) form that incorporates appropriate strategic goals and tactical objectives for an emergency incident which involves supervising a multi-unit operation. The document shall include the following:
 - Site plan for the incident (including CP location)
 - Incident management system structure
 - Description of the personnel accountability system
 - Description of the resources available and needed to mitigate the incident
 - Operational assignments for resources deployed
 - Dispatch response procedures

Note: ICS-201 available at: <https://training.fema.gov/icsresource/icsforms.aspx>

3. Provide a brief presentation of the pre-plan, incident action plan and conduct a post incident analysis while addressing the critical points.

NOTE - Pre-Incident Plan Criteria: Be sure to address any response route barriers (e.g., bridges, overpasses, limited weight roads, etc.) and on-site emergency evacuation plans with designated assembly area(s).

Additionally, the use of existing maps, architectural floor plans, site plans and/or Graphic Information System (GIS) mapping programs will be accepted, however the following required details **MUST** be included on these plans and **MUST** be drawn by hand by the candidate (i.e. utilities, hazards, fire suppression/smoke detectors, hydrants, water supply distances, large obstacles [furniture, office desk/equipment, machinery], orientation directional symbol, fire department connections [FDC], and fire alarm control panels).

ALSO: This preplan **CANNOT** be the same facility used in in any previous certification tests. In addition, the facility **MUST** be an occupied commercial structure (in use) with a form of fire protection infrastructure (i.e., detectors, suppression system, fire walls, etc.). Furthermore, the facility selected **CANNOT** be a fire, EMS, or other first responder station/facility nor any facility designated as secure/classified designated by a governing authority (i.e., State or Federally Secured Facility).

Candidate Name: _____ Last Four of Social Security # _____

PRE-INCIDENT PLANNING FORM OF TARGET BUILDING (Page 1 of 3)

Building Name: _____ Occupant: _____
Address: _____ City, State, Zip: _____
Owner Name: _____ Emergency Contact: _____
Owner Phone # _____ Emergency Contact # _____
Primary Entrance/Side: _____ Forcible Entry Points: _____
Secondary Entrance/Side: _____ Key Box Location: _____

BUILDING INFORMATION (DATA)

Type of Occupancy ___ Assembly ___ Business ___ Education ___ Factory ___ High-Hazard
 ___ Institution ___ Mercantile ___ Residential ___ Storage ___ Multi-Occupancy

Processes: _____
Population During Business Hours: _____ Population After Hours: _____
Special Population Targets and Locations: _____
Salvage Targets & Locations: _____
Occupancy Hazards: _____

HAZARDOUS MATERIALS

Hazardous Materials: Yes No N/A MSDS Location: _____
SARA (Tier II) Facility: Yes No N/A Chemical Inventory List Provided: Yes No If No, Location: _____

CHEMICAL NAME (List 3 of the Highest Hazard Potentials)	UN ID#	QUANTITY (lbs. / gals)	LOCATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BUILDING CONSTRUCTION

Type of Construction ___ Type I ___ Type II ___ Type III ___ Type IV ___ Type V
Dimensions Length _____ ft. Width _____ ft. Total Square. Feet _____
Number of stories Above Ground _____ Below Ground _____ Approximate Height: _____ ft.

Construction Details:

<u>Wall Construction</u> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry (Brick / Block) <input type="checkbox"/> Other: _____	<u>Floor Construction</u> <input type="checkbox"/> Truss (Yes/No) <input type="checkbox"/> Lightweight Construction <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other: _____	<u>Roof Construction</u> <input type="checkbox"/> Truss (Yes/No) <input type="checkbox"/> Lightweight Construction <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other: _____	
<u>Roof Type</u> <input type="checkbox"/> Pitched <input type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Mansard <input type="checkbox"/> Arched <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Lantern <input type="checkbox"/> Other: _____	<u>Wall Covering</u> <input type="checkbox"/> Sheetrock (Drywall) <input type="checkbox"/> Plaster <input type="checkbox"/> Wood / Paneling <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<u>Floor Decking</u> <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Concrete (reinforced) <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<u>Roof Covering</u> <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Tile (clay, slate, cement) <input type="checkbox"/> Composite Shingles (asphalt) <input type="checkbox"/> Metal <input type="checkbox"/> Build Up (rubber) <input type="checkbox"/> Other: _____

Basement: Full dimensions of building Partial If partial, Side _____ N/A
 Basement Access: Interior: Side _____ Exterior: Side _____ N/A
 Crawl Space Access Interior: Side _____ Exterior: Side _____ N/A

Number of Stairways, Type & Locations: _____

Number of Elevator(s): _____ N/A **Elevator Key Location:** _____

Elevator # _____

Floors Served _____

Elevator Mach. Room _____

Other Vertical Openings, Type & Locations: _____

Heating System: Electric Natural Gas (LNG) LPG Oil Combination Gas/Oil Other: _____

Emergency Shut-Off: Division # _____ Side _____ Roof Level _____ Mechanical Equip. Room: _____
 Within Room Area On-Unit Side: _____

System Inspected: Yes No **Safely Arranged** Yes No **Area Clear of Obstructions** Yes No

FIREGROUND EXPOSURES

Side-A (address) _____ Distance (ft.) _____
 Side-B (left) _____ Distance (ft.) _____
 Side-C (rear) _____ Distance (ft.) _____
 Side-D (right) _____ Distance (ft.) _____

BUILDING UTILITIES

<u>Utility</u>	<u>Utility Main Shut-Offs Locations</u>			<u>Supplier</u>	<u>Contact Phone #</u>
Electric	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Emergency Generator	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Water	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Gas/LPG/Oil	Division # _____	Side _____	<input type="checkbox"/> N/A	_____	_____
Alternative Energy	Division # _____	Side _____	<input type="checkbox"/> N/A	Type: _____	_____

WATER SUPPLY

Hydrant(s) Primary Location: _____ Capacity(GPM): _____
 Secondary Location: _____ Capacity(GPM): _____

Rural Area Main drafting water supply: ___ Lake ___ Pond ___ River ___ Pool ___ Other _____
 Drafting Location: _____ Travel Distance: _____

Private Type: _____ Location: _____
 Type: _____ Location: _____

BUILDING FIRE PROTECTION SYSTEM

Fire Alarm System: Yes No **System Operational:** Yes No **Monitored System:** Yes No
Detector Types: None Smoke Combination **Monitoring Co:** _____
 Thermal Carbon Monoxide Pull Stations **Contact Phone #:** _____

Fire Alarm System (FAS) Panel Location: _____ Division # _____ Side _____ N/A

Remote FAS Panel Location: _____ Division # _____ Side _____ N/A

FDC Connections Sprinkler(SPKR) Standpipe (STDP) Combination (SPKR/STDP) N/A

FDC Location(s): Side-A Side-B Side-C Side-D Connection Type & Size: _____ N/A

Fire Pump(s): Location: _____ GPM _____ N/A

Sprinkler System: Wet Dry Deluge Pre-Action Limited Area (20 SPKR Heads) N/A
 Full Building Partial Building If Partial, Location _____
System Pressure: _____ PSI Water Pressure: _____ PSI Air Pressure: _____ PSI
Sprinkler Room Location: _____ Division # _____ Side _____
Sprinkler System Tested: Yes No Date: _____

Standpipe (STDP) & Hose System: Class I Class II Class III N/A
Standpipe Riser & Hose Connections: Locations: _____
OS&Y Valves: Side-A Side-B Side-C Side-D N/A

Chemical Ext. System Clean Agent CO2 Dry Chemical Halon Wet Chemical N/A
Location: _____ Side _____ Division # _____
System Inspected: Yes No Date: _____

ADDITIONAL COMMENTS

Inspector's Name

Inspector's Signature

Date

Permission to conduct this inspection was granted by:

Name (please print)

Title

Date

Phone

The information requested is for training and validation purposes only. All information is confidential.

Fire Officer II
Guide 9
Skill Sheet I
Health and Safety

Health and Safety: Analyze an Injury Incident or Health Exposure Problem

Directions: Given an assignment, properly analyze an employee's / member's injury incident or health exposure problem. Using the forms provided, complete a memo, exposure record, and corrective action forms.

The problem for this skill is identified by the review you complete based on your organization's records.

Task: Review injury, accident and health exposure reports, identify unsafe work behaviors or environments and implement approved actions to mitigate / prevent reoccurrences. Complete a written report. Be sure the following is evident:

- The analysis of a member's injury incident or health exposure history;
- The use of appropriate forms in reporting injury incidents or exposure to blood-borne pathogens/communicable/infectious diseases;
- the critical elements in the reporting process (i.e., analysis and corrective action form);
- the final report in memo format with appropriate forms/documents attached.

NOTE: Please check your work against Skill Sheet I to ensure you have completed the tasks required.

Completion Method

Post-Course Completion Method

The scenario for this skill is provide by the Academy to the test-site for distribute to the candidates in adequate time to complete the skill prior to the test date.

Challenge Method

For candidates who choose the challenge method, contact PSFA certification staff for the scenario information needed to complete this station.



DATE:

TO:

FROM:

SUBJECT:

EXPLANATION

ACTIONS TAKEN

JUSTIFICATION

SIGNATURE: _____

DATE: _____

INCIDENT EXPOSURE RECORD

Name: _____ **Organization:** _____

Date of Birth ___ / ___ / ___ **SS#** ___ / ___ / ___

Incident # _____ **County Incident #** _____ **Incident Date** ___ / ___ / ___

Personnel in Charge of patient care (Self, EMT Jones, Paramedic Doe, etc.)

Location of Incident (residence, back of ambulance, on scene, hospital, etc.)

Description of Incident: _____

Type of exposure: ___ *Inhalation* ___ *Direct contact* ___ *Ingestion* ___ *Injection*

Materials exposed to: _____

Describe how exposure occurred: _____

Decontamination required: ___ *Yes* ___ *No* **Describe type of DECON:** _____

Duration of Exposure (time): _____ **Symptoms (if any)** _____

Treatment at scene (if any) _____

Treatment at medical facility (if any) _____

Personal protective equipment used during incident (list) _____

Additional information: _____

EMS Provider Signature: _____ **Date:** ___ / ___ / ___

IC Coordinator Signature: _____ **Date:** ___ / ___ / ___

IC COORDINATOR ANALYSIS & CORRECTIVE ACTION FORM

What acts, failure to act or conditions contributed to this incident (immediate cause)?

What are the fundamental reasons for these acts or conditions (root cause)?

What action(s) has or will be done to prevent recurrences?

Infection Control Coordinator Comments

Provider Comments

IC Coordinator Signature: _____

Date: ____/____/____

EMS Provider Signature: _____

Date: ____/____/____

Fire Officer II
Guide 10
Skill Sheet J
Community
&
Government Relations

Community and Government Relations, Emergency Service Delivery

Directions: Conduct a needs assessment and prepare a detailed written report for the organization's municipality using data from an information management system (i.e., incident reports, daily reports, and logs) which identifies a specific problem or issue within the community requiring assistance from an outside agency/organization.

The problem or issue for this skill is identified by the needs assessment you complete for your organization.

Task: Prepare a detailed written report of your organization's municipality. The purpose of the report is to demonstrate the ability to plan and develop strategic partnerships with other organizations and agencies in the community. The report shall include:

- Mission statement and goals of the organization;
- Statistical data displayed through tables, charts, or graphs;
- Community resources (agencies, organizations or partnerships) available to assist with the identified need;
- Benefits to the organization for partnering with outside agencies and/or organizations to accomplish the objectives and goals;
- Methodology of how the strategic partnerships will be used in the delivery of safety, injury or fire prevention education programs.

NOTE: Please check your work against Skill Sheet J to ensure you have completed the tasks required

Candidate Worksheet

The following table **provides an aid** in the organization, cataloging, and comparative analysis of the data identified from the needs assessment, and in developing the rationale /justification for recommended actions regarding the need. **Please note:** Not all possible community needs are represented in this guide.

Data Analysis and Justification

Topical Area / Need	Service(s) need and Justification(s)	Statistics (e.g., data type, frequencies, severity, cost, etc.)	Graphics used (charts, graphs or tables)	Operational concept(s) / modification(s)
Fire Prevention / Safety				
Community Preparedness				
Emergency Response				
Community Health & Medical Well-being				
Transportation / Commerce Preparedness				

NOTE: The final report is to be in a memo format to include: To, From, Date, Introduction, Narrative, Justification, and Conclusion (format provided on the next page). In addition, your developed charts, tables and/or graphs must also be submitted with your memo.

MNO Fire Department MEMO
City of MNO



DATE:

TO:

FROM:

SUBJECT:

INTRODUCTION:

NARRATIVE:

JUSTIFICATION:

CONCLUSION:

SIGNATURE: _____

DATE: _____

Firefighter Code of Ethics

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicle and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Developed by the National Society of Executive Fire Officers