



Office of Training
and Certification

New Jersey Division of Fire Safety

BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

**HM
OPS-2**

Certification title

**Hazardous Materials Operational Level
Mass Decontamination on Ambulatory
Victims**

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:

**NFPA 470 - 2022 Edition:
9.3.1**

Skill Drill 9-1

Task

Set up and perform mass decontamination on ambulatory victims.

Conditions and Outcome

The candidate shall be provided with full personal protective equipment (PPE), a self-contained breathing apparatus (SCBA), and a shower or other decontamination system. This skill can be performed by pre-assembling the shower or other system followed by a demonstration to the students.

| Number | Task Steps | First Test | | Retest #1 | | Retest #2 | |
|--|---|------------|------|-----------|------|-----------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| 1 | Set up the appropriate type of mass decontamination system. | | | | | | |
| 2 | Ensure that you have the appropriate PPE to protect yourself from the suspected threat. | | | | | | |
| 3. | Direct victims out of the hazard zone and into a suitable location. | | | | | | |
| 3 | Instruct victims to remove their contaminated clothing and walk through the decontamination process. Flush the contaminated victims with water. | | | | | | |
| 4 | Direct the contaminated victims to a redress/medical evaluation area. | | | | | | |
| Final Test Result for Entire Task | | | | | | | |

| Evaluator signature & comments, Test #1 | | Evaluator signature & comments, Retest #1 | | Evaluator signature & comments, Retest #2 | |
|--|------|--|------|--|------|
| | | | | | |
| Evaluator signature | Date | Evaluator signature | Date | Evaluator signature | Date |
| Candidate signature & acknowledgement, Test #1 | | Candidate signature & acknowledgement, Retest #1 | | Candidate signature & acknowledgement, Retest #2 | |
| By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments | | By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments | | By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments | |
| Candidate signature | Date | Candidate signature | Date | Candidate signature | Date |