



Office of Training
and Certification

New Jersey Division of Fire Safety

BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

FF1-04

Certification title

Firefighter 1
Donning an SCBA Using the Over-the-Head Method

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:
NFPA 1001, 2019 Edition
Skill Drill 3-5
Fire Fighter I, 4.3.1

**Mandatory
Option - A**

Task

Donning SCBA using the over-the-head method within one (1) minute.

Conditions and Outcome

The candidate shall be provided with the following personal protective equipment (PPE): boots, pants, coat, hood, gloves, helmet, SCBA, and face piece. The candidate will have already donned PPE. The evaluator will need a stopwatch. The candidate shall be able to properly don SCBA using the over-the-head method in one (1) minute.

Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
	The SCBA should be resting on the floor or ground, with the backplate is facing up, the air cylinder valve facing away from you and the shoulder straps to the sides. The evaluation begins when the evaluator says go.						
	Fully open the main air cylinder valve. Activate the air saver/donning switch to prevent the flow of air, if needed.						
2	Bend down and grasp the SCBA backplate with both hands. Using your knees to support and lift the extra weight, lift the SCBA up and over your head. Once the SCBA clears your head, rotate it 180 degrees so that the waist belt straps are pointed toward the ground						
3	Slowly slide the pack down your back. Make sure that your arms slide into the shoulder straps. Once the SCBA is in place, tighten the shoulder straps, and secure the waist belt.						
4	Don the face piece, and check for an adequate seal. Pull your protective hood into position on your head, don your helmet, secure the chin strap and don your gloves.						
5	Attach regulator or do whatever procedure is necessary to activate air flow into mask. Stopwatch stops with finished.						
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

Form DFS-SS-1, 10/12

Approved by NJ SME Committee 11/20/2020

Updated by NJ SME Committee 3/8/2021