



Office of Training
and Certification

New Jersey Division of Fire Safety

BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

FF1-72

Certification title

Firefighter 1
Initiating a Mayday Call for Emergency Assistance

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:
NFPA 1001, 2019 Edition
Skill Drill 18-1
Fire Fighter I, 4.2.4

Mandatory

Task

Initiate MAYDAY procedures, assume the downed fire fighter position.

Conditions and Outcome

The candidate shall be provided with the following: PPE, SCBA, selection of hand tools, portable radio, flashlight, and a room that can safely be used for search and rescue with firefighter drags. The candidate should demonstrate the proper procedure for calling a Mayday.

| Number | Task Steps | First Test | | Retest #1 | | Retest #2 | |
|--|--|------------|------|-----------|------|-----------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| 1 | Use your radio to call "MAYDAY, MAYDAY, MAYDAY." Give a LUNAR report (your location, unit number, name, air or assignment, and resources needed) or report who, what, where. | | | | | | |
| 2 | Activate your PASS device and point your flashlight toward the ceiling. | | | | | | |
| 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 #1 | |
| 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, revised 8/14

Approved by NJSME Committee 11/20/2020

Updated by NJ SME Committee 3/8/2021