



Office of Training
and Certification

New Jersey Division of Fire Safety

Basic Practical skills examination report

Skill sheet #

**ARFF
19**

Certification title

**ARFF
General Knowledge Requirements-
RESCUE**

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:
NFPA 1003, 2015 Edition
Chapter 4.4.3

Task

Evaluator: Rescue. This duty involves gaining access to an aircraft and assisting in the evacuation process, performing disentanglement, and initial triage. **Order not critical**

Implement initial triage of the victims of an aircraft accident, given PPE, an assignment, and the triage protocol of the AHJ, and (NJDFSOTC) so that each victim is evaluated and correctly categorized according to protocol.

| Number | Task Steps | First Test | | Retest #1 | | Retest #2 | |
|-------------------------------------|--|------------|------|-----------|------|-----------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| 1 | Demonstrate knowledge of the categories of triage according to the triage protocol of the AHJ, and methods of assessment | | | | | | |
| 2 | Demonstrate and perform triage of patients per protocol. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Final 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 |