



Office of Training
and Certification

New Jersey Division of Fire Safety

BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

FF1-47

Certification title

Firefighter 1
Perform Negative-Pressure Ventilation

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:
NFPA 1001, 2019 Edition
Skill Drill 13-3
Fire Fighter I, 4.3.11

Task

Properly ventilate using negative pressure.

Conditions and Outcome

The candidate shall be provided with full personal protective equipment (PPE), rope, salvage covers, and smoke ejector or exhaust fan. The candidate shall demonstrate the ability to properly ventilate using negative pressure.

Student must successfully pass all Task Steps with 100 percent to pass this skill sheet

| Number | Task Steps | First Test | | Retest #1 | | Retest #2 | |
|--|--|------------|------|-----------|------|-----------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| 1 | Determine the area to be ventilated and the direction of the outside wind. Place the smoke ejector so that it is not on the upwind side of the building. | | | | | | |
| 2 | Hang the smoke ejector in the upper part of the ventilation opening. | | | | | | |
| 3 | Use a salvage cover to prevent recirculation if the structure's windows are not intact. Provide an opening on the upwind side of the structure to provide cross-ventilation. | | | | | | |
| 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
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