



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.

**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 |
| <b>1</b>                                 | 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. |            |      |           |      |           |      |
| <b>2</b>                                 | Activate your PASS device and point your flashlight toward the ceiling.                                                                                                      |            |      |           |      |           |      |
| <b>Final Test Result for Entire Task</b> |                                                                                                                                                                              |            |      |           |      |           |      |

| 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  
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