



Office of Training and
Certification

New Jersey Division of Fire Safety

BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

**HM-IC
09**

Certification title

**Hazardous Materials /WMD
Incident Commander**

IDENTIFY SAFETY HAZARDS CONFINED SPACE

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:

**NFPA 470, 2022 edition
13.3.1**

Task

The candidate at a simulated hazardous materials / WMD incident shall identify the atmospheric and physical safety hazards associated with said incident involving confined spaces.

Conditions and Outcome

Provided with a simulated incident involving a confined space the candidate shall identify nine hazards associated with confined spaces. Competency is demonstrated by listing the 9 considerations.

| Number | Task Steps | First Test | | Retest #1 | | Retest #2 | |
|---|--------------------------------------|---|------|---|------|-----------|------|
| | | Pass | Fail | Pass | Fail | Pass | Fail |
| 1 | Oxygen-deficient atmosphere. | | | | | | |
| 2 | Oxygen-enriched atmosphere. | | | | | | |
| 3 | Flammable and explosive atmospheres. | | | | | | |
| 4 | Toxic atmospheres. | | | | | | |
| 5 | Engulfment hazards. | | | | | | |
| 6 | Falls and slips. | | | | | | |
| 7 | Electrical hazards. | | | | | | |
| 8 | Structural hazards. | | | | | | |
| 9 | Mechanical hazards. | | | | | | |
| 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-HMIC

Approved by NJSME 02/28/23

Updated 11/14/24