

Office of Training and Certification	<h2 style="text-align: center;">New Jersey Division of Fire Safety</h2> <h3 style="text-align: center;">BASIC PRACTICAL SKILLS EXAMINATION REPORT</h3>						
	Skill sheet # HMT-49	Certification title <h3 style="text-align: center;">Hazardous Material Technician</h3>					
Applicant Information							
Candidate name				DFS ID #		Course #	
Evaluation							
Standard: NFPA 470, 2022 edition 11.4.3.2		Task <h3 style="text-align: center;">Cap a pressurized leak.</h3>					
		Conditions and Outcome Provided with the proper PPE, tools and equipment, the candidate shall demonstrate the proper method for capping a leak of a pressurized container. Competency is demonstrated by performing all steps correctly and in the proper order.					
Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
1	Ensure proper product control techniques is chosen.						
2	Ensure that all responders involved in the control function are wearing appropriate PPE for capping operations and that appropriate hand tools have been selected.						
3	Select a location to efficiently and safely perform capping operations.						
4	Remove obstructions from container if possible.						
5	Attempt to position container so that valve is in the uppermost position.						
6	If the container is disconnected from a process and can be reconnected, reconnect and gently open and close the valve stem to dislodge foreign matter from the seat using the valve handle or a wrench.						
7	Tighten or close leaking valves, closures, packing glands, and or fittings as appropriate.						
8	If leak persists, apply capping kit as per manufacturer's instructions.						
8	Decontaminate tools.						
9	Advance to decontamination line to decontamination.						
7	Inspect and maintain tools and equipment as per local SOPs and manufacturers recommendations.						
8	Complete required reports and supporting documentation.						
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-HMT-SS-49

Approved by NJSME Committee 02/27/19

Revised by NJSME Committee 01/06/2023