



Office of Training
and Certification

New Jersey Division of Fire Safety

BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

FF1-02

Certification title

Firefighter 1
GENERAL SKILL REQUIREMENTS
Donning an SCBA from an Apparatus Seat Mount

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:
NFPA 1001, 2019 Edition
Skill Drill 3-3
Fire Fighter I, 4.3.1

Task

While wearing PPE, properly don SCBA from an apparatus seat mount in one (1) minute.
Donning SCBA from an apparatus seat mount.

Conditions and Outcome

The candidate shall be provided with the following personal protective equipment (PPE): boots, pants, coat, hood, gloves, helmet, SCBA, and face piece. The candidate will have already donned PPE. The evaluator will need to have a stopwatch. The candidate shall be able to properly don SCBA from an apparatus seat mount in one (1) minute.

Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
1	Safely mount the apparatus and sit in the seat. Place your arms through the SCBA shoulder straps. Partially tighten the shoulder straps; do not fully tighten them.						
2	Fasten your SCBA waist belt.						
3	Fasten your seat belt. When the apparatus stops at the emergency scene, release the seat belt, and release the SCBA from its brackets. If the apparatus has an SCBA locking device, detach the SCBA from the locking device.						
4	Carefully exit the apparatus. Maintain three points of contact with the vehicle while exiting.						
5	Cinch down the SCBA waist belt.						
6	Adjust shoulder straps until they are snug.						
7	Open the main cylinder valve. Activate the air saver/donning switch to prevent the flow of air, if needed.						
8	Don the face piece, and check for leaks. Pull the protective hood up over your head, put the helmet on, and secure the chin strap.						
9	If necessary, connect the regulator to the face piece or attach the low-pressure air supply hose to the regulator. Activate the air flow and ensure that the PASS device alarm is operating.						
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

Approved by NJ SME Committee 11/20/2020

Updated by NJ SME Committee 3/8/2021