



Training Resource Manual

Created: August 2011, Updated February 2016

Name: _____

Date of Birth: _____

Last 4 of SSN: _____

DL #: _____

Start Date: _____

Form Name	Date Received / Signed	Officer's Name
Application		
Personal Info Sheet		
Driver's License		
SOGs		
By-Laws		
Policies		
Beneficiary Form		



Firefighting Release Requirements

Name: _____

Exemption #1:

Any North Lenoir Fire & Rescue Personnel that has “Successfully” completed the NC OSFM Firefighter I & II Certification may be exempt from this section.

Copies of ALL appropriate NC OSFM Certificates must be attached to this Booklet. Final Approval will be given by the current Fire Chief of North Lenoir Fire & Rescue.

Exemption #2

Any North Lenoir Fire & Rescue Personnel with “Continuous Service” that has been released *prior to August 1, 2011* by the Fire Chief of North Lenoir Fire & Rescue.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

Name: _____

Personal Protective Equipment (PPE)

1. Candidate shall completely Don Full Turnout Gear in one (1) minute or less.
2. Candidate shall completely Don SCBA in one & one half (1 ½) minute or less.
3. Candidate shall completely Don Full PPE (breathing air) in two (2) minutes or less.
4. Candidate shall correctly demonstrate how to refill SCBA cylinder.
5. Candidate shall correctly demonstrate how to clean SCBA.
6. Candidate shall identify all parts of PPE and RIT Bag.

Benchmark	Time Completed	Date Completed	Officer's Name
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Name: _____

Tools and Equipment

1. Candidate shall identify all hand tools used by NLVFD.
2. Candidate shall demonstrate how to use all tools carried by NLVFD.
3. Candidate shall demonstrate how to properly clean all tools carried by NLVFD.
4. Candidate shall identify proper location of all hand tools carried by NLVFD.
5. Candidate shall demonstrate how to properly use a Power Saw.
6. Candidate shall demonstrate proper use of a TIC.
7. Candidate shall demonstrate how to connect and start the Hydraulic Rescue Tool(s).
8. Candidate shall demonstrate how to operate the Edraulic Rescue Tool(s)

Benchmark	Time Completed	Date Completed	Officer's Name
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Name: _____

Hose Lays

1. Candidate shall identify and demonstrate the Advancing of a 200 ft 1 ¾” Pre-Connect in one (1) minute and then demonstrate proper reloading.
2. Candidate shall identify and demonstrate the Advancing/Loading of a 200 ft 2 ½” Blitz Line in two (2) minutes and demonstrate proper reloading.
3. Candidate shall identify and demonstrate the Advancing of the Wye setup - 100 ft 2 ½” in two (2) minutes and demonstrate proper reloading.
4. Candidate shall identify and demonstrate the Advancing of a 100 ft 1 ¾” Jump Line in thirty (30) seconds and demonstrate proper reloading.
5. Candidate shall identify and demonstrate a Forward Lay with 100 ft 5” in two (2) minutes and demonstrate proper reloading.
6. Candidate shall identify and demonstrate a Reverse Lay with 100 ft 5” in two (2) minutes and demonstrate proper reloading.
7. Candidate shall identify and demonstrate how to correctly roll a section of hose.
8. Candidate shall identify and demonstrate how to correctly roll a damaged section of hose.

Benchmark	Time Completed	Date Completed	Officer's Name
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Name: _____

Ladders

1. Candidate shall identify and demonstrate how to deploy a Straight Ladder in one (1) minute.
2. Candidate shall identify and demonstrate how to deploy a Roof Ladder in three (3) minutes.
3. Candidate shall identify and demonstrate how to deploy a Folding/Attic Ladder in one (1) minute.
4. Candidate shall identify and demonstrate how to deploy a 24 foot Extension Ladder in two (2) minutes.
5. Candidate shall demonstrate how to tie off a Halyard in thirty (30) seconds.
6. Candidate shall identify the proper climbing angle.
7. Candidate shall remove a victim from a second floor window in four (4) minutes.
8. Candidate shall demonstrate how to climb and lock-out on a 24 ft ladder in two (2) minutes.

Benchmark	Time Completed	Date Completed	Officer's Name
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Name: _____

Training Requirements

1. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Safety & Orientation Course.
2. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Fire Behavior Course.
3. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Ventilation Course.
4. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Portable Extinguishers Course.
5. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Loss Control Course.
6. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Water Supplies Course.
7. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Forcible Entry Course.
8. Candidate shall “Successfully” complete NC OSFM Firefighter 1 & 2 Building Construction Course.
9. Candidate shall complete the Flashover Recognition Course (in-house)

Benchmark	Date Completed	Officer’s Name
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Name: _____

Training Requirements

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall complete eight (8) hours of RIT Training.
3. Candidate shall complete twelve (12) hours of Extrication Training.
4. Candidate shall complete a Live Burn Entry with a NLVFD Officer.
5. Candidate shall complete NIMS ICS 100.
6. Candidate shall complete NIMS ICS 200.
7. Candidate shall complete NIMS ICS 700.
8. Candidate shall complete NIMS ICS 800.
9. Candidate shall complete weekly Check-Off on an Engine.
10. Candidate shall complete weekly Check-Off on the Rescue.
11. Candidate shall complete weekly Check-Off on the Squad.
12. Candidate shall complete CPR to Respond to EMS assignments.

Benchmark	Date Completed	Officer’s Name
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Name: _____

Incident Release Report

Incident Type	Date Released	Officer's Name
First Alarm / Structure Fire		
Mutual Aid to First Alarm		
Traffic Accident		
Mutual Aid to Traffic Accident		
Vehicle / Dumpster Fire		
Brush Fire		
Haz-Mat		
Rescue Assignment		
Water Rescue		
EMS Assignment		
Service Assignment		
Alert 2 (KRJ)		
Alert 3 (KRJ)		
Mutual Aid City of Kinston		



Responding Personal Owned Vehicle
(POV)
&
Responding Apparatus
Requirements

Name: _____

Exemption #1:

Any North Lenoir Fire & Rescue Personnel that has “Successfully” completed the NC OSFM Emergency Vehicle Driver Certification, and NC OSFM Driver Operator Pumps Certification may be exempt from this section.

- **Copies** of ALL appropriate NC OSFM Certificates must be attached to this Booklet. Final Approval will be given by the current Fire Chief of North Lenoir Fire & Rescue.

Exemption #2

Any North Lenoir Fire & Rescue Personnel with “Continuous Service” that has been released *prior to August 1, 2011* by the Fire Chief of North Lenoir Fire & Rescue.

Candidate Signature & Last 4 SSN

Date

Training Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

Name: _____

POV's Responding with Emergency Lights

1. Candidate shall "Successfully" complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall copy Certificate and give a copy to Training Division Officer and also maintain one with this book.
3. Candidate shall sign and fully understand the following below.
4. Candidate shall present to Fire Chief for Permission of Release.

I understand that by given permission to run and operate my Personal Owned Vehicle (POV) with emergency warning lights, that I must follow all State and Local Laws. I am only asking permission to pass upcoming and passing vehicles. I understand that once arriving "On-Scene" I am to park "Out of the Way" and not hinder traffic flow, nor Emergency Operations. I also understand that I am to park if possible on the same side of the "Incident". I am also to make the Fire Chief aware of any Driving Infractions that I may receive while responding to an emergency. At any time my driving privileges can be terminated.

Benchmark	Date Completed	Officer's Name
1		
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Candidate Signature & Last 4 SSN

Date

Training Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

Name: _____

Apparatus Response
Squad 2 (*Unit 310*)

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the knowledge to operate the pump from the booster tank.
5. Candidate shall demonstrate the proper way to fill the booster tank.
6. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
7. Candidate shall complete a minimum of one (1) hour Daytime & Nighttime “Drive Time” with any Line Officer.
8. Candidate is responsible for making sure the “Driver Training Report” is filled out.
9. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Benchmark	Date Completed	Officer’s Name
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It is understood that my “Apparatus Driving Privileges” may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Squad 2 (Unit 310)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
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				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Rescue 1 (Unit 210)

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the knowledge to operate the generator.
5. Candidate shall demonstrate the knowledge to refill “Cascade System”.
6. Candidate shall complete a minimum of two (2) hour Daytime & Nighttime “Drive Time” with any Line Officer.
7. Candidate is responsible for making sure the “Driver Training Report” is filled out.
8. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Benchmark	Date Completed	Officer’s Name
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It is understood that my “Apparatus Driving Privileges” may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Rescue 1 (Unit 210)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Tanker 3 *(Unit 420)*

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the proper way to release water from the “Booster Tank” into a “Dump Tank”.
5. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
6. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
7. Candidate shall demonstrate pumping the “Booster Line” utilizing correct pump pressure, from the “Booster Tank”.
8. Candidate shall demonstrate pumping a “Feeder Line” utilizing correct pump pressure, from the “Booster Tank”.
9. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
10. Candidate shall complete a minimum of two (2) hour Daytime & Nighttime “Drive Time” with any Line Officer.
11. Candidate is responsible for making sure the “Driver Training Report” is filled out.
12. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my "Apparatus Driving Privileges" may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Tanker 3 (Unit 420)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
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				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Tanker 1 *(Unit 440)*

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
13. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
14. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
15. Candidate shall demonstrate the proper way to release water from the “Booster Tank” into a “Dump Tank”.
16. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
17. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
18. Candidate shall demonstrate pumping the “Booster Line” utilizing correct pump pressure, from the “Booster Tank”.
19. Candidate shall demonstrate pumping a “Feeder Line” utilizing correct pump pressure, from the “Booster Tank”.
20. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
21. Candidate shall complete a minimum of two (2) hour Daytime & Nighttime “Drive Time” with any Line Officer.
22. Candidate is responsible for making sure the “Driver Training Report” is filled out.
23. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my "Apparatus Driving Privileges" may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Tanker 1 (Unit 440)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
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(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Engine 2 (*Unit 520*)

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the proper way to utilize the “On-Board Generator”.
5. Candidate shall demonstrate the proper way to release water from the “Booster Tank” into a “Dump Tank”.
6. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
7. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a “Dump Tank”.
8. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
9. Candidate shall demonstrate the knowledge to operate the pump from a “Dump Tank”.
10. Candidate shall demonstrate the knowledge to operate the pump from a Hydrant.
11. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from the “Booster Tank”.
12. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a “Dump Tank”.
13. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a Hydrant.
14. Candidate shall demonstrate the proper way to “Relay Pump” utilizing correct pump pressure, to another Apparatus.
15. Candidate shall demonstrate the proper way to connect to a “FDC”.
16. Candidate shall demonstrate the proper way to connect to a “Sprinkler Connection”.
17. Candidate shall complete a minimum of four (4) hour Daytime & Nighttime “Drive Time” with any Line Officer.
18. Candidate is responsible for making sure the “Driver Training Report” is filled out.
19. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my “Apparatus Driving Privileges” may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Engine 2 (Unit 520)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
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(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Engine 11 *(Unit 530)*

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the proper way to utilize the “On-Board Generator”.
5. Candidate shall demonstrate the proper way to release water from the “Booster Tank” into a “Dump Tank”.
6. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
7. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a “Dump Tank”.
8. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
9. Candidate shall demonstrate the knowledge to operate the pump from a “Dump Tank”.
10. Candidate shall demonstrate the knowledge to operate the pump from a Hydrant.
11. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from the “Booster Tank”.
12. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a “Dump Tank”.
13. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a Hydrant.
14. Candidate shall demonstrate the proper way to “Relay Pump” utilizing correct pump pressure, to another Apparatus.
15. Candidate shall demonstrate the proper way to connect to a “FDC”.
16. Candidate shall demonstrate the proper way to connect to a “Sprinkler Connection”.
17. Candidate shall complete a minimum of four (4) hour Daytime & Nighttime “Drive Time” with any Line Officer.
18. Candidate is responsible for making sure the “Driver Training Report” is filled out.
19. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my "Apparatus Driving Privileges" may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Engine 11 (Unit 530)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				[] DAY [] NIGHT Give Weather Description
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(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Engine 22 *(Unit 430)*

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the proper way to utilize the “On-Board Generator”.
5. Candidate shall demonstrate the proper way to release water from the “Booster Tank” into a “Dump Tank”.
6. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
7. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a “Dump Tank”.
8. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
9. Candidate shall demonstrate the knowledge to operate the pump from a “Dump Tank”.
10. Candidate shall demonstrate the knowledge to operate the pump from a Hydrant.
11. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from the “Booster Tank”.
12. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a “Dump Tank”.
13. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a Hydrant.
14. Candidate shall demonstrate the proper way to “Relay Pump” utilizing correct pump pressure, to another Apparatus.
15. Candidate shall demonstrate the proper way to connect to a “FDC”.
16. Candidate shall demonstrate the proper way to connect to a “Sprinkler Connection”.
17. Candidate shall complete a minimum of four (4) hour Daytime & Nighttime “Drive Time” with any Line Officer.
18. Candidate is responsible for making sure the “Driver Training Report” is filled out.
19. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my “Apparatus Driving Privileges” may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Engine 22 (Unit 430)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				[] DAY [] NIGHT Give Weather Description
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				[] DAY [] NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Engine 1 *(Unit 510)*

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the proper way to utilize the “On-Board Generator”.
5. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
6. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a “Dump Tank”.
7. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
8. Candidate shall demonstrate the knowledge to operate the pump from a “Dump Tank”.
9. Candidate shall demonstrate the knowledge to operate the pump from a Hydrant.
10. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from the “Booster Tank”.
11. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a “Dump Tank”.
12. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a Hydrant.
13. Candidate shall demonstrate the proper way to “Relay Pump” utilizing correct pump pressure, to another Apparatus.
14. Candidate shall demonstrate the proper way to connect to a “FDC”.
15. Candidate shall demonstrate the proper way to connect to a “Sprinkler Connection”.
16. Candidate shall complete a minimum of four (4) hour Daytime & Nighttime “Drive Time” with any Line Officer.
17. Candidate is responsible for making sure the “Driver Training Report” is filled out.
18. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my "Apparatus Driving Privileges" may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Engine 1 (Unit 510)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				[] DAY [] NIGHT Give Weather Description
				[] DAY [] NIGHT Give Weather Description
				[] DAY [] NIGHT Give Weather Description
				[] DAY [] NIGHT Give Weather Description
				[] DAY [] NIGHT Give Weather Description
				[] DAY [] NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response
Engine 3 *(Unit 550)*

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
3. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
4. Candidate shall demonstrate the proper way to utilize the “Power Inverter”.
5. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a Hydrant and Apparatus.
6. Candidate shall demonstrate the knowledge to fill the “Booster Tank” from a “Dump Tank”.
7. Candidate shall demonstrate the knowledge to operate the pump from the “Booster Tank”.
8. Candidate shall demonstrate the knowledge to operate the pump from a “Dump Tank”.
9. Candidate shall demonstrate the knowledge to operate the pump from a Hydrant.
10. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from the “Booster Tank”.
11. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a “Dump Tank”.
12. Candidate shall demonstrate pumping any “Pre-Connect” and/or “2 ½” Line” utilizing correct pump pressure, from a Hydrant.
13. Candidate shall demonstrate the proper way to “Relay Pump” utilizing correct pump pressure, to another Apparatus.
14. Candidate shall demonstrate the proper way to connect to a “FDC”.
15. Candidate shall demonstrate the proper way to connect to a “Sprinkler Connection”.
16. Candidate shall complete a minimum of four (4) hour Daytime & Nighttime “Drive Time” with any Line Officer.
17. Candidate is responsible for making sure the “Driver Training Report” is filled out.
18. Candidate is responsible for scheduling with a Chief Officer a date and time of review for Apparatus Release and proper paperwork be filled out and signed by all.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my "Apparatus Driving Privileges" may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Engine 3 (Unit 550)

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE

Name: _____

Apparatus Response Rescue Boat

1. Candidate shall “Successfully” complete NC OSFM Emergency Vehicle Driver Course.
2. Candidate shall “Successfully” complete the “Boater Safety Course” provided by the NC Wildlife Resource Commission.
3. Candidate shall demonstrate the knowledge of proper equipment location and to properly operate the equipment being carried on the apparatus.
4. Candidate shall complete an “Apparatus Check-Off” with any Line Officer.
5. Candidate shall demonstrate the proper way to “Hook-up” the Rescue Boat to a “Towing Vehicle”.
6. Candidate shall demonstrate the proper way to “Deploy” the Rescue Boat at a Boat Ramp.
7. Candidate shall demonstrate the proper way to “Receive” the Rescue Boat at a Boat Ramp.
8. Candidate shall demonstrate the proper way to “Deploy” the Rescue Boat at a “Man Made” Ramp.
9. Candidate shall complete a minimum of one (1) hour Daytime & Nighttime “Drive Time” with any Line Officer.
10. Candidate shall demonstrate the proper way to “Deploy” the “Drags”.
11. Candidate shall demonstrate the proper way to Lower & Raise “Dive Platform”.
12. Candidate shall demonstrate the proper “Fuel Mix (Oil to Gas Ratio)” for the Rescue Boat.
13. Candidate shall demonstrate the proper way to “Flush” the motor.

Name: _____

Benchmark	Date Completed	Officer's Name
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It is understood that my “Apparatus Driving Privileges” may be revoked at any time, by any Line Officer, if it is determined that I am unfit or unstable, and/or if I am abusing equipment or apparatus.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

DRIVER TRAINING REPORT

Rescue Boat

Driver Trainee Name: _____

DATE	BEGIN TIME	END TIME	TOTAL TIME	WEATHER CONDITIONS
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description
				<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT Give Weather Description

(GIVE LOCATION OF DRIVER TRAINING)

(NARRATIVE SECTION—GIVE SPECIFIC COMMENTS ON DRIVING)

DRIVER TRAINEE SIGNATURE & Last 4 SSN

DATE

OFFICER SIGNATURE & Last 4 SSN

DATE



Officer Requirements

Name: _____

Exemption:

Any North Lenoir Fire & Rescue Officer that has “Successfully” completed the following are exempt from this section: NC OSFM Firefighter I & II Certification, “Satisfactorily” completed NC OSFM Fire Officer I Certification (*for Safety Officer or Captain position*), and/or has “Satisfactorily” completed NC OSFM Fire Officer II Certification (*for Assistant Fire Chief position*) and/or has “Satisfactorily” completed NC OSFM Fire Officer III Certification (*for Deputy Fire Chief or Fire Chief position*).

- **Copies** of ALL appropriate NC OSFM Certificates, National Fire Academy (NFA) Certificates, & NC OEMS Certificates must be attached to this Booklet. Final Approval will be given by the current Fire Chief of North Lenoir Fire & Rescue.

Candidate Signature & Last 4 SSN

Date

Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

Name: _____

Acting Officer

1. Candidate must have served as a firefighter with North Lenoir Fire & Rescue for one (1) year, and must be currently pursuing NC OSFM Certified Firefighter I & II.
 - a. *Copies of all certificates from NC OSFM must be attached to Booklet.*
2. Candidate shall possess the FEMA NIMS ICS-100, ICS-200, ICS-700, and ICS-800 Certificates.
 - a. *Copies of all certificates from FEMA must be attached to Booklet.*
3. Candidate shall possess the National Fire Academy (NFA) Leadership I Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
4. Company Officer Candidate shall possess the National Fire Academy (NFA) Strategies & Tactics for the Initial Company Officer (STICO) Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
5. Company Officer Candidate shall complete a 12 hour Engine Company Operation Course.
 - a. *Copies of all certificates must be attached to Booklet.*
6. Candidate shall be “Qualified and Released” from the Fire Chief of North Lenoir Fire & Rescue to “Respond & Operate” all Fire Department Apparatus.

Name: _____

Acting Officer

Benchmark	Time Completed	Date Completed	Training Officer Initials
1			
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Candidate Signature & Last 4 SSN

Date

Training Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

Name: _____

Safety Officer & Company Officer

1. Candidate must have served as a firefighter with North Lenoir Fire & Rescue for two (2) years, and must be NC OSFM Certified Firefighter I & II.
 - a. *Copies of all certificates from NC OSFM must be attached to Booklet.*
2. Candidate shall possess the FEMA NIMS ICS-100, ICS-200, ICS-300, ICS-700, and ICS-800 Certificates.
 - a. *Copies of all certificates from FEMA must be attached to Booklet.*
3. Candidate shall possess the National Fire Academy (NFA) Leadership I Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
4. Candidate shall possess & maintain the NC OSFM “Chief’s 101” Certification.
 - a. *Copies of all certificates must be attached to Booklet.*
5. Candidate shall possess the “NC Response Rating Training” Certificate.
 - a. *Copies of all certificates must be attached to Booklet.*
6. Company Officer Candidate shall possess the National Fire Academy (NFA) Strategies & Tactics for the Initial Company Officer (STICO) Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
7. Company Officer Candidate shall complete a 12 hour Engine Company Operation Course.
 - a. *Copies of all certificates must be attached to Booklet.*
8. Training Officer Candidate shall possess the National Fire Academy (NFA) Training in Small Departments Certificate
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
9. Safety Officer Candidate shall possess the National Fire Academy (NFA) Safety Officer Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
10. Candidate shall be “Qualified and Released” from the Fire Chief of North Lenoir Fire & Rescue to “Respond & Operate” all Fire Department Apparatus.

Name: _____

Safety Officer & Company Officer

Benchmark	Time Completed	Date Completed	Training Officer Initials
1			
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Candidate Signature & Last 4 SSN

Date

Training Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date

Name: _____

Chief Officer

1. Candidate must have served as a Company Officer with North Lenoir Fire & Rescue for two (2) years, and must be NC OSFM Certified Firefighter I & II.
 - a. *Copies of all certificates from NC OSFM must be attached to Booklet.*
2. Candidate shall possess the FEMA NIMS ICS-100, ICS-200, ICS-300, ICS-400, ICS-700, & ICS-800 Certificates.
 - a. *Copies of all certificates from FEMA must be attached to Booklet.*
3. Candidate shall possess the National Fire Academy (NFA) Leadership I Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
4. Candidate shall possess the National Fire Academy (NFA) Leadership II Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
5. Candidate shall possess the National Fire Academy (NFA) Leadership III Certificate.
 - a. *Copies of all certificates from National Fire Academy (NFA) must be attached to Booklet.*
6. Candidate shall possess & maintain the “Fire Chiefs 101” Certificate.
 - a. *Copy of certificate must be attached to Booklet.*
7. Candidate shall possess the “NC Response Rating Training” Certificate.
 - a. *Copy of certificate must be attached to Booklet.*
8. Candidate shall be “Qualified and Released” from the Fire Chief of North Lenoir Fire & Rescue to “Respond & Operate” all Fire Department Apparatus.

Name: _____

Chief Officer

Benchmark	Time Completed	Date Completed	Training Officer Initials
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Candidate Signature & Last 4 SSN

Date

Training Officer Signature & Last 4 SSN

Date

Fire Chief Signature & Last 4 SSN

Date