



# Fire Fighter II Local Verification & Mask Fit Form

## NFPA 1001 – 2013

Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Local Verification Requirements

**1. 29 CFR 1910.134, Mask Fit Documentation:**

The candidate has been successfully fitted to his or her Self-Contained Breathing Apparatus (SCBA) Mask in compliance with 29 CFR 1910.134 within the last twelve (12) calendar months.

**2. NFPA 1001 – 2013, JPR 6.2.1, Complete a Basic Incident Report:**

The candidate has successfully demonstrated the ability to operate department computers and other ancillary equipment to complete basic incident reports.

**3. NFPA 1001 – 2013, JPR 6.5.2, Present Fire Safety Information to Station Visitors or Small Groups:**

The candidate has successfully demonstrated the ability to successfully use prepared materials in presenting safety information to station visitors or small groups and then document these presentations in department records.

**4. NFPA 1001 – 2013, JPR 6.5.4, Maintain Power Plants, Power Tools, & Lighting Equipment:**

The candidate has successfully demonstrated the ability to successfully complete departmental equipment maintenance records and comply with departmental maintenance reporting procedures.

**5. NFPA 1001 – 2013, JPR 6.5.5, Perform Annual Service Test on Fire Hose:**

The candidate has successfully demonstrated the ability to successfully complete departmental equipment maintenance records for annual service testing of fire hose.

***This section is to be completed by Fire Chief, Training Chief, or Program Director ONLY***

I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed in paragraphs 1 through 5 above. All requirements have been successfully conducted and completed per local department protocol and policies. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department.

\_\_\_\_\_  
Typed or Legibly Printed Name of Fire Chief, Training Chief, or Program Director

\_\_\_\_\_  
Signature of Fire Chief, Training Chief, or Program Director

Date: \_\_\_\_\_ Department / Organization: \_\_\_\_\_

Department / Organization Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_