



EMERGENCY VEHICLE OPERATOR CERTIFICATION TEST

DATE: _____

STATION: _____

OPERATOR NAME: _____

ADDRESS: _____

PHONE: _____

VEHICLE TESTED ON: _____

DRIVERS LICENSE No.: _____

- | | DATE | TRAINER |
|--|-------|---------|
| 1. Operator training pre-requisite | | |
| A. Operator application filed with Chief Engineer. | _____ | _____ |
| B. Motor Vehicle Record review. | _____ | _____ |

2. Operator has received personal instruction in the care and use of the following equipment:

- Brakes, brake airline hoses, compressor belts, air pressure. _____
- Parking Brake _____
- Steering mechanism _____
- Lighting devices and reflector (Headlights-high and low beam, signals, reflectors, side markers, four way flasher, cab lights) _____
- Tires (inflation, tread wear, cuts in sidewalls, lugs, grease leaks around hubs, mud flaps) _____
- Horns/Sirens, Audible Signals, Radio Procedures _____
- Windshield wipers _____
- Rearview mirrors (cleaned/properly adjusted) _____

3. Operator has been instructed in the operation of vehicle according to standard safety procedures: Proper startup & shutdown, checks air pressure and instruments, emergency brake set, proper gear selection, checks traffic.

4. Operator has been trained in the use of vehicle controls and emergency equipment: Brakes, steering, lights, emergency warning devices. _____
5. Operator has had driving experience in highway and residential traffic, demonstrating ability in the following: Leaving curb, speed control, smoothness of operation, anticipates traffic problems, obeys traffic laws, signals properly, allows sufficient passing room, passes cautiously and smoothly, uses mirrors. _____
6. Operator has received training in turning vehicles and demonstrated ability to do so: Signals well in advance, turns from proper lane, looks all around before turning, turns at proper speed, turns into proper lane, yields right of way. _____
7. Operator has displayed skills in backing and parking vehicles: Gets out and checks, sounds horn when necessary, avoids backing to blind side, backs slowly, secures unit properly, uses guide if necessary, adequately judges distance at rear of vehicle. _____
8. Operator has demonstrated proficiency in driving emergency vehicle obstacle course. _____
9. Operator demonstrated knowledge of Fire Department Operations: Proper apparatus placement, driver responsibilities, Dept. SOP's, apparatus special equipment and portable equipment location. _____
10. Operator shows proficiency in pump operation and control: Drafting, relay, troubleshooting during failures. _____

I certify that the above named operator was given a road test using an approved road test form under my supervision on the date specified below. It is my considered opinion that this driver possesses sufficient operating skill to safely operate the emergency motor vehicle indicated above.

SIGNATURE OF EXAMINER _____

TITLE _____

STATION _____

DATE _____