



# Scarborough Fire Department

## Scarborough, Maine



### Standard Operating Procedures

<b>Book:</b>	<b>Organization</b>
<b>Chapter:</b>	<b>Forms, Records &amp; Reports</b>
<b>Subject:</b>	<b>1550 – Operator Certification</b>
<b>Revision Date:</b>	<b>3/11/2009</b>
<b>Approved by:</b>	<i>B. Michael Thurlow</i>

**This form is to be used for first time driver certification.**

Name (Print): \_\_\_\_\_ Employee # \_\_\_\_\_ Apparatus \_\_\_\_\_

**Firefighter must comply with requirements of 1-3 before Evaluation Process can begin.**

**1.** Firefighter must present evidence of student qualifications per SOP 2120 showing that all requirements have been met for the vehicle being certified on.

**2. The following Vehicle Check items must be performed:**

Service brakes, Parking brakes, Steering mechanism, Service lights, Emergency lights, Tires, Horns, Sirens, Backup alarms, Windshield wipers (Operational), Mirrors (Adjustment), Auto transmission fluid, Motor oil, Cooling systems level.

**If failures are found process is not to continue**

**3. Vehicle Familiarization:** Firefighter must identify and describe the use of all controls & warning devices in cab. Example: warning lights, emergency lights, brake retarder, tire chains, siren brake, communication system & etc.

**Firefighter must successfully complete the following “Operator Evaluation” for the Evaluator**

**Road Course:** Demonstrate safe, proper, & correct driving skills of the Emergency vehicle over a Departmental approved road course which meets NFPA 1002 standards. This operation must be performed meeting all State Laws & Departmental SOP’s.

**On board components:** Firefighter must demonstrate the correct and safe use of all attached components and equipment which is part of the vehicle. Example: Pump/CAFS systems, Aerial, Generator system, SCBA air refill system, Command Van systems, Ambulance on board systems, 4 wheel drive, and etc.

Signature of Firefighter: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of Fire Chief: \_\_\_\_\_

Date: \_\_\_\_\_