



Fire Fighter II

Local Verification & Mask Fit Form

NFPA 1001 – 2019

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.

1. **NFPA 1001 – 2019, JPR 5.2.1, 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.

2. **NFPA 1001 – 2019, JPR 5.5.2, 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.

3. **NFPA 1001 – 2019, JPR 5.5.4, 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.

4. **NFPA 1001 – 2019, JPR 5.5.5, 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 and signed 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 items 1-4 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: (_____) _____ - _____