KANSAS FIRE & RESCUE TRAINING INSTITUTE
The University of Kansas

NFPA 1010 FIRE SUPPRESSION VERIFICATION FORM FIRE FIGHTER I, FIRE FIGHTER II

This Fire Suppression Verification Form, fully and accurately completed, shall be administered as part of the Kansas Fire & Rescue Training Institue Certification process to indicate the Certification Canidate has met the Job Performance Requirements (JPRs) for the specified objectives for NFPA 1010, *Standard for FIre Fighter Professional Qualifications, 2024 Edition.*

(Please Print Legibly):

Last Name	First Name	MI
Name of Fire Department / Organization		
Birthdate		

INSTRUCTIONS: Complete the appropriate section(s) below based on the Certification Canididate's intended level of training and ceritification.

Fire Fighter I Local Verification

Objective #	Job Performance Requirement	Auditor's Intials	Date
JPR # 6.3.10	Attack an Interior Structure Fire		
JPR # 6.3.7	Attack a Passenger Vehicle Fire		
JPR # 6.3.8	Extinguish Fires in - Exterior Class A Material		
JPR # 6.3.16	Extinguish Incipient Class A, B, C Fires		
JPR # 6.3.19	Combat a Ground Cover Fire		

Fire Fighter II Local Verification

Objective #	Job Performance Requirement	Auditor's Intials	Date
JPR # 7.3.2	Coordination of Interior Fire Attack		
JPR # 7.3.3	Utilize a Thermal Imager		

This form is NOT valid withour the signature of the Department Fire Chief, Fire Science Community College Program Director, or other Designee.

Affirmation of Signers: This is to attest that the Certification Canididate named above has successfully completed all Job Performance Requirements (JPRs) for each respective Fire Suppression Evolution, during formal training conducted in accordance with NFPA 1403, *Live Fire Training Evolutions, 2018 edition*.

Department Fire Chief, Training Chief, Fire Science Community College Program Director, or other Designee:

Print Name	Signature	Date