



WESTBURY FIRE DEPARTMENT

Hose Compay #2



Emergency Scene Illumination

NFPA 1001 (2013) - 5.3.17 NYS FF SKILL 10-I-1

Name/Badge: _____ Co: _____ Evaluation Type: _____

Instructor/Badge: _____ Instructors Signature: _____ Date: _____

Skill For **Both** Interior and Exterior Firefighters

NO YES

| | NO | YES |
|--|--------------------------|--------------------------|
| Has the FF considered grounding the generator (verbalized) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the FF assured generator rediness and preformance (checked fuel/oil) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the FF identified limitationsof power supply equipment (load cannot exceed amperage of circuit breaker, total load can't exceed outpout of generator) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the FF identified hazards associated with electric supply equipment (wet environment tight connections and ventilation of exhaust) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the FF operated equipment within manufacturer's guidelines | <input type="checkbox"/> | <input type="checkbox"/> |
| Has FF illuminated area(s) as directed | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the FF cleaned equipment as needed and removed damaged equipemnt from service, verbalized writing work order and notifying company's officer | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the FF refueled power equipment as needed and returned ready for service | <input type="checkbox"/> | <input type="checkbox"/> |
| Has Firefighter Displayed Compentacy on Emergency Scene Illumination | <input type="checkbox"/> | <input type="checkbox"/> |

Instructor Notes