

SKILLSUSA PENNSYLVANIA PROOF OF TRAINING FORM

Firefighting Competition

Note: Failure to complete this form will disqualify the competitor from the competition. Two copies will be required. A copy shall be provided to the competition Chairperson at orientation or on the day of the competition. Review the PA State Scope for instructions. One copy should be placed in the competitor's name badge.

Competitor Name: _____

Check one: _____ Secondary _____ Post-Secondary

School: _____

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the following tools and performance of the job skills which may be included as part of the competition. Every category must be checked to be eligible to compete.

Ability to use the following equipment safely:

____ Self-Contained Breathing Apparatus (SCBA) ____ Turnout Gear (TOG)
____ Ladders ____ Generators
____ Ax & Pickax ____ Halligan Bar
____ Pike Pole ____ 1 ¼ Charged Hose Line ____ Utility Rope ____ Fire Extinguisher
____ Hose and Pump Fitting

Job skills:

____ Use a SCBA ____ Properly Donn TOG ____ Ability to Tie Fire Service Knots ____ Ability to Climb a Ladder

Safely ____ Extinguish a Fire with a Fire Extinguisher ____ Properly mount a/Dismount Fire Apparatus

Instructor's signature Print name of instructor Date

Competitor's signature Print name of competitor Date

Reviewed and approved by: _____
Director/Administrator Date

One copy should be placed in the competitor's name badge.