BROOKLAND FIRE PROTECTION DISTRICT

PROBATIONARY FIREFIGHTER DRIVER/OPERATOR QUALIFICATION CHECK-OFF SHEET

Fire Engines / Pumpers and Aerial Apparatus

Member Name: _____

Date of Hire: _____ **Probationary Start Date:** _____

Evaluator/Instructor: _____

Fire Chief or Designee: _____

Apparatus Make/Model/Unit Number: _____

Apparatus Type:

☐ Engine / Pumper
☐ Tanker / Tender
☐ Quint
☐ Aerial Ladder
☐ Aerial Platform
☐ Other: _____

Qualification Requested:

☐ Supervised Training Only
☐ Non-Emergency Driving Approval
☐ Emergency Driving Approval
☐ Pump Operator Approval
☐ Aerial Device Operator Approval

Instructions: The evaluator shall initial and date each item after the member demonstrates satisfactory knowledge and performance. "N/A" may be used only when an item does not apply to the apparatus being evaluated. Completion of this form does not authorize operation until final approval is signed by the Fire Chief or designee.

SECTION 1 — ADMINISTRATIVE PREREQUISITES

Check	Requirement	Initials / Date
☐	Member has a current, valid driver license appropriate for the apparatus being operated.	_____

☐	Driver-license status and driving record have been reviewed in accordance with District policy.	_____
☐	Member has completed the District's probationary firefighter orientation.	_____
☐	Member has reviewed and acknowledges the District emergency-driving policy and all applicable SOGs/SOPs.	_____
☐	Member has completed District-approved emergency vehicle operator course (EVOC) or equivalent training, if required.	_____
☐	Member has completed required apparatus familiarization training for this specific unit.	_____
☐	Member has reviewed manufacturer operating manuals and warning labels for this apparatus.	_____
☐	Member understands that qualification may be limited to the specific apparatus type or unit listed on this form.	_____
☐	Member understands that unsafe operation, collisions, damage, or policy violations may result in suspension or removal of driving privileges.	_____

SECTION 2 — GENERAL APPARATUS FAMILIARIZATION

Check	**Requirement**	**Initials / Date**
☐	Identifies overall vehicle height, width, length, wheelbase, turning radius, and gross vehicle weight considerations.	_____
☐	Identifies cab seating positions and confirms all occupants are seated and	_____

	restrained before vehicle movement.	
☐	Locates and explains operation of headlights, warning lights, siren, air horn, scene lights, and communication equipment.	_____
☐	Locates and demonstrates use of parking brake, service brake, engine brake/retarder, transmission controls, and backup alarm.	_____
☐	Identifies fuel type, DEF system if equipped, battery disconnect, shoreline connection, and charging system.	_____
☐	Locates fire extinguisher, traffic-control equipment, wheel chocks, spill-control materials, first-aid equipment, and emergency shutdown controls.	_____
☐	Identifies all major compartment locations, hose beds, ladders, tool mounts, and equipment-security systems.	_____
☐	Demonstrates safe opening, closing, and securing of compartment doors and equipment.	_____
☐	Explains the effects of water load, equipment load, road conditions, weather, grade, and center of gravity on vehicle handling.	_____
☐	Explains the need for defensive driving, appropriate following distance, controlled intersections, and maintaining a safe speed for conditions.	_____

SECTION 3 — DAILY / PRE-TRIP INSPECTION

Check	Requirement	Initials / Date

☐	Completes and documents the District daily apparatus inspection form.	_____
☐	Checks vehicle exterior for damage, fluid leaks, tire condition, wheel-lug condition, mirrors, windows, and body damage.	_____
☐	Checks engine oil, coolant, fuel, DEF if applicable, hydraulic-fluid level, and other required fluid levels.	_____
☐	Checks battery condition, shoreline connection, charging system, and electrical warning indicators.	_____
☐	Checks brake-system condition, air-pressure build-up and warning devices where applicable.	_____
☐	Checks headlights, brake lights, turn signals, reverse lights, emergency lights, scene lights, siren, air horn, and backup alarm.	_____
☐	Checks radio operation and confirms portable-radio assignment as applicable.	_____
☐	Checks all mounted equipment, hose loads, ladders, tools, and compartment doors for security.	_____
☐	Checks water-tank level, foam level, and pump-panel gauges as applicable.	_____
☐	Identifies defects requiring removal from service or immediate notification to an officer.	_____
☐	Completes post-trip inspection and reports damage, deficiencies, or maintenance issues.	_____

SECTION 4 — APPARATUS DRIVING SKILLS

A. Non-Emergency Driving

Check	Requirement	Initials / Date
☐	Safely enters and exits the apparatus cab using three points of contact.	_____
☐	Properly adjusts seat, mirrors, steering wheel, and safety restraints before movement.	_____
☐	Starts, idles, and shuts down apparatus according to manufacturer and District procedures.	_____
☐	Demonstrates smooth acceleration, braking, steering, and transmission operation.	_____
☐	Demonstrates safe lane positioning and mirror use.	_____
☐	Maintains safe speed for traffic, weather, road surface, visibility, and vehicle load.	_____
☐	Demonstrates safe right and left turns while accounting for apparatus off-tracking.	_____
☐	Demonstrates safe backing with a spotter and maintains visual contact with the spotter.	_____
☐	Stops apparatus immediately if visual contact with the spotter is lost.	_____
☐	Demonstrates safe lane changes, railroad-crossing procedures, and clearance awareness.	_____
☐	Demonstrates safe parking, wheel chocking, securing the apparatus, and placing the transmission in the proper position.	_____
☐	Demonstrates safe operation on grades, curves,	_____

	narrow streets, and limited-clearance areas.	

B. Emergency Driving Evaluation

Check	Requirement	Initials / Date
☐	Demonstrates knowledge of District policy governing emergency response and use of warning devices.	_____
☐	Demonstrates controlled emergency response without exceeding safe operating limits.	_____
☐	Approaches all intersections cautiously and proceeds only after confirming the intersection is clear.	_____
☐	Demonstrates proper speed reduction before intersections, curves, railroad crossings, traffic congestion, and adverse road conditions.	_____
☐	Demonstrates proper use of warning lights, siren, and air horn in accordance with District policy.	_____
☐	Maintains apparatus control during braking, turns, lane changes, and evasive maneuvers.	_____
☐	Maintains safe following distance and avoids aggressive or distracted driving.	_____
☐	Demonstrates recognition of low-clearance hazards, overhead obstructions, bridge restrictions, and narrow-road conditions.	_____
☐	Demonstrates proper apparatus placement at an emergency scene while protecting personnel and maintaining access.	_____
☐	Demonstrates safe return-to-service driving and adherence to all traffic laws	_____

	when not operating in emergency mode.	

SECTION 5 — ENGINE / PUMPER OPERATOR QUALIFICATION

Complete this section only for members seeking engine or pumper operator approval.

Check	Requirement	Initials / Date
☐	Identifies pump-panel gauges, controls, intake valves, discharge valves, tank-to-pump valve, pump-to-tank valve, primer, and relief device.	_____
☐	Explains pump-rating capacity and operational limitations for this apparatus.	_____
☐	Engages and disengages the pump safely in accordance with manufacturer procedures.	_____
☐	Establishes water supply from the onboard tank.	_____
☐	Supplies one preconnected handline at the correct operating pressure.	_____
☐	Supplies multiple handlines while maintaining required pressure and monitoring water supply.	_____
☐	Charges and shuts down attack lines in a controlled manner.	_____
☐	Operates master-stream device, if equipped, in accordance with apparatus limitations and District procedure.	_____
☐	Establishes a hydrant water supply and verifies adequate intake pressure.	_____
☐	Performs hydrant operations, including forward lay, reverse lay, and/or supply-line connection as assigned.	_____
☐	Demonstrates drafting operations from a static	_____

	water source, if applicable to District operations.	
☐	Primes the pump and maintains draft safely, if applicable.	_____
☐	Calculates or determines correct pump discharge pressure using District-approved methods.	_____
☐	Demonstrates friction-loss calculations or use of District-approved pump charts.	_____
☐	Uses pressure-control or relief-valve device properly.	_____
☐	Identifies and corrects common pump-operation problems, including cavitation, loss of prime, overheating, and water-supply interruption.	_____
☐	Uses tank recirculation/cooling procedures as applicable.	_____
☐	Operates foam system safely, if equipped and authorized.	_____
☐	Properly shuts down, drains, and restores pump operations after use.	_____
☐	Completes pump-operation documentation and reports any mechanical issues.	_____

Engine / Pumper Practical Evolution

Evolution	**Pass**	**Needs Remediation**	**Initials / Date**
Tank water to one handline	☐	☐	_____
Tank water to multiple handlines	☐	☐	_____
Hydrant supply to attack line(s)	☐	☐	_____
Water-supply interruption / emergency procedure	☐	☐	_____
Drafting operation, if applicable	☐	☐	_____

Pump shutdown and return to service	☐	☐	_____

SECTION 6 — AERIAL APPARATUS DRIVER/OPERATOR QUALIFICATION

Complete this section only for members seeking aerial apparatus driver/operator approval. This approval may be limited to the specific aerial apparatus listed on this form.

Check	Requirement	Initials / Date
☐	Identifies apparatus dimensions, height, weight, wheelbase, turning characteristics, and clearance limitations.	_____
☐	Identifies aerial-device type, rated capacity, maximum elevation, horizontal reach, and operating limitations.	_____
☐	Reviews and explains manufacturer load charts, placards, interlocks, warnings, and operating restrictions.	_____
☐	Identifies all aerial controls, including lower controls, turntable controls, platform controls, and emergency controls, if equipped.	_____
☐	Locates hydraulic-fluid reservoir, hydraulic shutoff, emergency power unit, manual override system, and emergency-lowering procedures.	_____
☐	Identifies ladder-belt, platform, turntable, pedestal, stabilizer, and boom/jib hazards as applicable.	_____
☐	Performs aerial-apparatus pre-trip inspection, including aerial structure, hydraulic components, cables/chains, outriggers, interlocks, and safety devices.	_____

☐	Performs required aerial-device operational inspection before use.	_____
☐	Identifies conditions requiring the aerial apparatus or aerial device to be removed from service.	_____
☐	Demonstrates safe apparatus positioning for aerial operations.	_____
☐	Evaluates overhead obstructions, energized electrical hazards, ground stability, slope, traffic hazards, collapse zones, and scrub-area clearance.	_____
☐	Establishes an appropriate exclusion zone around the apparatus and aerial operating area.	_____
☐	Deploys wheel chocks, stabilizers, outriggers, pads, and cribbing as required.	_____
☐	Verifies apparatus leveling and stabilizer deployment before aerial movement.	_____
☐	Demonstrates awareness of safe distance from energized electrical lines and other overhead hazards.	_____
☐	Operates the aerial device smoothly and avoids sudden or unsafe movements.	_____
☐	Raises, lowers, rotates, extends, retracts, and positions the aerial device within manufacturer limits.	_____
☐	Demonstrates communication with personnel operating from the ladder tip, platform, turntable, or roof.	_____
☐	Demonstrates safe ladder-tip or platform placement at a structure.	_____
☐	Demonstrates operation of aerial waterway or elevated	_____

	master stream, if equipped and authorized.	
☐	Demonstrates proper water-flow procedures and understands the effect of nozzle reaction on aerial stability.	_____
☐	Demonstrates emergency operating procedures, including emergency power and lowering procedures, as permitted by manufacturer instructions and District policy.	_____
☐	Stows aerial device, stabilizers, and equipment properly and completes post-operation inspection.	_____

Aerial Apparatus Practical Evolution

Evolution	Pass	Needs Remediation	Initials / Date
Position apparatus and evaluate aerial operating area	☐	☐	_____
Deploy stabilizers/outriggers and level apparatus	☐	☐	_____
Raise, rotate, extend, retract, and lower aerial device	☐	☐	_____
Position ladder or platform at a designated objective	☐	☐	_____
Operate aerial waterway/master stream, if equipped	☐	☐	_____
Demonstrate emergency operating procedure as authorized	☐	☐	_____
Stow apparatus and complete post-operation inspection	☐	☐	_____

SECTION 7 — FINAL PERFORMANCE EVALUATION

Evaluation Item	Satisfactory	Unsatisfactory	Initials / Date

Demonstrates safe judgment and situational awareness.	☐	☐	_____
Operates apparatus without unsafe acts or policy violations.	☐	☐	_____
Communicates effectively with officer, instructor, spotter, and crew.	☐	☐	_____
Recognizes personal limitations and requests assistance when needed.	☐	☐	_____
Demonstrates knowledge of emergency procedures and equipment limitations.	☐	☐	_____
Completes all required check-off items for requested qualification.	☐	☐	_____

REMEDIATION / ADDITIONAL TRAINING REQUIRED

Date Remediation Completed: _____

Evaluator Initials: _____

APPROVAL

Engine / Pumper Driver/Operator Approval

☐ Approved for supervised training only.

☐ Approved for non-emergency driving.

☐ Approved for emergency driving.

☐ Approved as pump operator.

☐ Not approved at this time.

Authorized Apparatus / Unit Number(s): _____

Effective Date: _____

Evaluator/Instructor Signature: _____ **Date:** _____

Fire Chief or Designee Signature: _____ Date: _____

Aerial Apparatus Driver/Operator Approval

☐ Approved for supervised training only.
☐ Approved for non-emergency driving.
☐ Approved for emergency driving.
☐ Approved as aerial-device operator.
☐ Not approved at this time.

Authorized Apparatus / Unit Number(s): _____

Effective Date: _____

Evaluator/Instructor Signature: _____ Date: _____

Fire Chief or Designee Signature: _____ Date: _____

MEMBER ACKNOWLEDGMENT

I acknowledge that I have completed the training and evaluation documented on this form. I understand that I may operate only the apparatus and functions for which I have received written approval. I understand that I must comply with Brookland Fire Protection District policies, manufacturer operating instructions, and all applicable laws at all times.

Probationary Firefighter Signature: _____ Date: _____

Witness/Officer Signature: _____ Date: _____

This checklist is an internal qualification and documentation tool. It should be reviewed and adopted by the Fire Chief, District leadership, insurer, and legal counsel before implementation. It should be used with current Brookland Fire Protection District policies, apparatus manufacturer manuals, and applicable Arkansas requirements.