



# Live Fire Training Instructor 2 Task Book



## CANDIDATE TASK BOOK ASSIGNED TO:

\_\_\_\_\_  
(Printed or Typed: Candidate's Name, Location, Phone Number, And Date)

## TASK BOOK INITIATED BY LIVE FIRE MASTER TRAINER (LFMT):

\_\_\_\_\_  
(Printed or Typed: Live Fire Training Instructor Master's Name, Phone Number)

## TRAINING CENTER DIRECTOR

\_\_\_\_\_  
(Printed or Typed: Training Center Director's Name, Phone Number)

*The material contained in this book accurately defines the performance expected of the position for which it was developed. This task book is approved for use by the Division of State Fire Marshal in compliance with Florida Administrative Code 69A-37.401 through .409 to qualify personnel for the intended position.*

### Verification/Certification Of Completed Task Book For The Position Of Live Fire Training Instructor 2

#### CANDIDATE'S VERIFICATION

I verify that all information that I have provided is true and accurate to the best of my ability.

\_\_\_\_\_  
Candidate's Signature And Date

#### LIVE FIRE MASTER TRAINER VERIFICATION

I verify that all tasks have been performed and are complete with signatures. I also verify that

Name: \_\_\_\_\_ has performed all of the functions necessary to be considered for certification in this position.

\_\_\_\_\_  
LFMT's Signature And Date

#### TRAINING CENTER DIRECTOR CERTIFICATION

I certify that \_\_\_\_\_ has met all requirements for qualification in this position and that such qualification has been issued.

\_\_\_\_\_  
Training Center Director Signature And Date

# Live Fire Training Instructor 2

Position Task Books (PTB) were developed for designated positions within the National Incident Management System (NIMS). PTB's have been accepted by agencies nationwide to document experience and verify competencies. Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a candidate to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator or the LFMT, will result in a recommendation to the agency that the candidate be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur during Live Fire Training Instructor (LFTI) classes, Firefighter 1 or 2 courses, or in service training involving live fires. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All statements within a task which require an action (contain an action verb) must be demonstrated before that task can be documented as "complete".

## **DIRECTIONS:**

Task Book "tasks" are under the direct supervision of the Training Center's Live Fire Training Master. The intent is to verify capabilities and quality of instruction. All LFTI2 candidates must be State of Florida certified Firefighter 2, Instructor 1 (minimum) and Live Fire Training Instructor 1. With the approval of the Certified Fire Training Center's LFMT, evaluations can include evolutions under the auspices of other training centers.

Because the certification is not facility specific and is statewide, qualifications must indicate ability and preparedness to train other instructors to safely operate in a live fire environment in acquired structures and permanent interior and exterior, fixed or mobile, burn props fueled by LPG/CNG or class "A" combustibles.

It is important to emphasize training centers and fire departments still need additional "prop specific" qualifications for their live fire props.

This process needs to be considered a "final exam" with corrections or supplemental information provided during the process by the Master Trainer. Unsatisfactory performance must be noted on the designated forms, and the task repeated until satisfactory performance is demonstrated.

## **RESPONSIBILITIES:**

### **1. The Sponsoring Organization is responsible for:**

- Ensuring that the candidate meets the training and experience requirements included in this document.
- Issuing PTB to document task performance.
- Explaining to the candidate the purpose and processes of the PTB as well as the candidate's responsibilities.
- Providing opportunities for evaluation and/or making the candidate available for evaluation.
- Providing an evaluator for assignments.
- Tracking progress of the candidate.
- Confirming PTB completion.

### **2. The individual is responsible for:**

- Reviewing and understanding instructions in the PTB.

- Identifying desired objectives/goals.
- Providing background information to an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within 6 months.
- Assuring the Evaluation Record is complete.
- Notify supervisor when the PTB is completed and providing a copy.
- Keeping the original PTB in personal records.

**3. The Live Fire Master Trainer is responsible for:**

- Being qualified and proficient in the position being evaluated.
- Meeting with the candidate and determining past experience, current qualifications, and desired objectives/goals.
- Reviewing the tasks with the candidate.
- Explaining to the candidate the evaluation procedures.
- Identifying tasks to be performed during the evaluation period.
- Accurately evaluating and recording demonstrated performance of tasks. Satisfactory performance shall be documented by dating and initialing completion of the task. Unsatisfactory performance shall be documented in the Evaluation Record.
- Directly supervising Life Fire Training Instructor IIs (LFTI II) assisting in the instruction and supervision of tasks associated with this PTB. LFTI II can supervise and approve tasks under such direction.
- Completing the Evaluation Record found at the end of each PTB.
- Signing the verification statement on the front cover of the PTB when all tasks have been initialed and completion of necessary paperwork to the Training Center Director.

**4. The Training Center Director is responsible for:**

- Identifying incident evaluation opportunities.
- Identifying and assigning an evaluator that can provide a positive experience for the candidate, and make an accurate and honest appraisal of the candidate's performance.
- Conducting progress reviews.
- Conducting a close-out interview with the candidate and evaluator and assuring that documentation is proper and complete.
- Signing the verification statement on the front cover of the PTB when all tasks have been initialed and completion of necessary paperwork to the Division of State Fire Marshal including the original signed PTB cover.

# Live Fire Training Instructor 2 Task Book

	<b>EVALUATOR: Initial &amp; date upon completion of task</b>
<b>I. PREREQUISITES</b>	
1. Successfully completed LFTI and state certification (verified).	(Instructor's Signature)  _____ Certificate    Y    N
2. Current State of Florida Instructor 1 (or higher) and Firefighter 2.	(Instructor's Signature)  _____ Certificate    Y    N
<b>II. ENTRIES AS INSTRUCTOR</b>	
1. Multiple rotations (3 entries minimum includes interior <u>and</u> exterior props) with crews as instructor accompanied by a LFTI II or LFMT.	(Instructor's Signature/Date)  _____ _____ _____
2. Specific Objectives Observed	(Instructor's Signature/Date circle "y" for yes, "n" for not observed)
a. Emergency procedures to remove a student/firefighter encountering SCBA problems and/or panicked. (By actual emergency or simulated conditions. Per FAC 69A-37 should not be with live fire in an acquired structure.)	a. _____ Y N
b. Fire behavior aspects to observe, learning points for students/firefighters, proper positioning of crews for attack and safety	b. _____ Y N
c. Danger conditions – identification of conditions or problems with training props, or dangerous conditions in an acquired structure indicating insufficient/improper venting, impending flashover/backdraft, etc.	c. _____ Y N
d. Accountability/crew integrity inside the prop/structure	d. _____ Y N

<b>III. FUNCTIONAL ASSIGNMENTS</b>	
Serve in following capacities for multiple rotations (3 minimum entries):	(Instructor's Signature/Date) _____ _____ _____
<ul style="list-style-type: none"> <li>a. Accountability Officer</li> <li>b. Rehab</li> <li>c. RIT Officer-in-Charge</li> <li>d. Ignition Officer</li> </ul>	(Instructor's Signature/Date circle "y" for yes, "n" for not observed) a. _____ Y N b. _____ Y N c. _____ Y N d. _____ Y N
<b>IV. SAFETY OFFICER (Primary)</b>	
During planning, preparation and during multiple crew rotations on interior and exterior props	a. _____ Y N b. _____ Y N c. _____ Y N
<b>V. INSTRUCTOR – IN – CHARGE (I.I.C.)</b>	
Serve as the I.I.C. during the planning, preparation and entire live fire training exercise under the supervision of the Training Center's Live Fire Master Trainer.	(Instructor's Signature/Date circle "y" for yes, "n" for not observed) _____ Y N
<b>VI. INSTRUCT 40 HR LIVE FIRE TRAINING COURSE</b>	
Successfully serve as lead (or co-lead) instructor conducting planning, preparation, instruction, supervision of activities, and evaluation of students under the direct supervision of an LFMT or LFTI II.	(Instructor's Signature/Date circle "y" for yes, "n" for not observed) _____ Y N

## INSTRUCTIONS for EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional evaluation blocks are needed, a page can be copied from a blank task book and attached.

**Evaluator's name and agency:** List the name of the evaluator and agency.

**Evaluator's home unit address and phone:** Self explanatory

**Number:** The number in the upper left corner of the experience block identifies a particular experience or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the Qualification Record for each task performed satisfactorily.

**Location of Training:** Identify the location where the tasks were performed.

**Training Event Type:** Enter the type of training, in-service for certified firefighters, Firefighter 1 or 2, etc.

**Recommendation:** Check as appropriate and/or make comments regarding the future needs for development of this candidate.

**Date:** List the date the record is being completed. (Note: LFMT can approve previous performance since January 1, 2006 provided the LFMT was present and witnessed tasks.

**Evaluator's initials:** Initial here to authenticate your recommendations and to allow for comparison with initials in the Qualifications Record.

## EVALUATION RECORD

	Candidate Name	Evaluator Position
#1	Evaluator's name & agency, _____ Evaluator's address and phone _____	
	Location of Training	Type (F1, F2, LFTI, in- service)
		Position
<p>The tasks initialed &amp; dated by me have been performed under my supervision and in a satisfactory manner by the above named candidate. I recommend the following for further development of this candidate.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training prior to further assignment as a candidate.</p> <p>Recommendations:</p> <p>Date: _____ Evaluator's initials: _____</p>		

## EVALUATION RECORD

	Candidate Name	Evaluator Position
#2	Evaluator's name & agency, _____  Evaluator's address and phone _____	
	Location of Training	Type (F1, F2, LFTI, in- service)
		Position
<p>The tasks initialed &amp; dated by me have been performed under my supervision and in a satisfactory manner by the above named candidate. I recommend the following for further development of this candidate.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training prior to further assignment as a candidate.</p> <p>Recommendations:</p> <p>Date: _____ Evaluator's initials: _____</p>		



## EVALUATION RECORD

	Candidate Name	Evaluator Position
#3	Evaluator's name & agency, _____ Evaluator's address and phone _____	
	Location of Training	Type (F1, F2, LFTI, in- service)
		Position
<p>The tasks initialed &amp; dated by me have been performed under my supervision and in a satisfactory manner by the above named candidate. I recommend the following for further development of this candidate.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training prior to further assignment as a candidate.</p> <p>Recommendations:</p> <p>Date: _____ Evaluator's initials: _____</p>		

## EVALUATION RECORD

	Candidate Name	Evaluator Position
#4	Evaluator's name & agency, _____ Evaluator's address and phone _____	
	Location of Training	Type (F1, F2, LFTI, in- service)
		Position
<p>The tasks initialed &amp; dated by me have been performed under my supervision and in a satisfactory manner by the above named candidate. I recommend the following for further development of this candidate.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and must complete all training prior to further assignment as a candidate.</p> <p>Recommendations:</p> <p>Date: _____ Evaluator's initials: _____</p>		