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| **FIRE OFFICER II TASK BOOK** | | | | | | | | | | |
| **Please type or print legibly.** | | | | | | | | | | |
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| NAME: LAST | | FIRST | | | | MI | | DATE OF BIRTH | | |
|  | |  | | | |  | |  | | |
| HOME ADDRESS | | CITY | | | | STATE | | ZIP CODE | | |
|  | |  | | | |  | | | | |
| EMAIL ADDRESS | | PHONE NUMBER | | | | FCDICE STUDENT ID NUMBER | | | | |
|  | | | | |  | | | | | |
| DATE TASK BOOK INITIATED | | | | | DATE TASK BOOK COMPLETED | | | | | |
|  | | | | | | | | | | |
| **ATTEST**: The information contained in this document is true and correct to the best of my knowledge. I understand that falsification of this document is subject to penalty, and is cause to deny or revoke this certification. | | | | | | | | | | |
| *Signature of Applicant* | | | | *Date* | | | | | | |
|  | | | | | | | | | | |
| *Signature of Fire Chief, Agency Head or Designee* | | | | *Printed Name of Fire Chief, Agency Head or Designee* | | | | | *Date* | |
|  | | | | | | | | | | |
| **PURPOSE OF THIS TASK BOOK**: This task book is an evaluative tool designed to document that a candidate has demonstrated certain requisite skills required to meet a specific NFPA 1021 job performance requirement. Selected skill objectives in this task book are a supplement to the student learning outcomes and objectives met by successfully completing the Fire Officer II program curriculum. | | | | | | | | | | |
| **EXPECTATION OF CANDIDATE**:The Fire Officer II candidate is solely responsible for the maintenance, completion, and submission of this task book. | | | | | | | | | | |
| **EXPECTATIONS OF EVALUATOR**: The evaluator is a direct supervisor, training officer or person designated by Fire Chief or Agency Head who is responsible for overseeing the performance or activity of the candidate. The evaluator documents first hand observation of the requisite skills of candidate, and attests by signature when task(s) has been demonstrated. Evaluator must sign and enter their Florida Instructor ID number on this form. The Division shall designate an alternate evaluator independent of the candidate’s employing Fire Service Provider at the request of the candidate. This alternate evaluator shall be a Florida Certified Fire Officer and Florida Certified Instructor. | | | | | | | | | | |
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| **FIRE OFFICER II** | | | | | | | | | | |
| ***General Reference to NFPA 1021 Standard*** | | | ***Evaluator Signature*** | | | | ***FCDICE or Instructor*** | | | ***Date*** |
| ***(Print & Sign Name)*** | | | | ***ID Number*** | | |  |
| 5.2 | Human Resource Management: | |  | | | |  | | |  |
| 5.2.1 | Demonstrated ability to initiate actions to maximize and/or correct unacceptable employee performance. Demonstrated ability to utilize agency policies and procedures so member and/or unit performance improves or issue is referred to next level of supervision. | |  | | | |  | | |  |
| 5.2.2 | Demonstrated ability to evaluate job performance of an assigned member according to agency policies and procedures. | |  | | | |  | | |  |
| 5.4 | Administration: | |  | | | |  | | |  |
| 5.4.1 | Demonstrated ability to identify an agency problem and propose a solution by facilitating the development of an agency policy or procedure. | |  | | | |  | | |  |
| 5.4.2 | Demonstrated ability to develop a project or budget for a new or ongoing project; repairs to existing facilities or equipment; new facilities or equipment; apparatus or apparatus maintenance; or personnel costs. | |  | | | |  | | |  |
| 5.4.3 | Demonstrated ability to describe process of purchasing, including soliciting and awarding bids, given established specifications by the agency. | |  | | | |  | | |  |
| 5.4.6 | Demonstrated ability to develop a plan to accomplish change in a positive manner in the organization when a new policy or procedure is adopted. | |  | | | |  | | |  |
| 5.5 | Inspection and Investigation: | |  | | | |  | | |  |
| 5.5.1 | Demonstrated ability to assist in a fire investigation to determine origin and preliminary cause. | |  | | | |  | | |  |
| 5.6 | Emergency Service Delivery | |  | | | |  | | |  |
| 5.6.1 | Demonstrated ability to implement the agency’s incident management system, to communicate orally, to supervise and account for assigned personnel under emergency conditions, and to serve in command staff and unit supervision positions within the Incident Management System. | |  | | | |  | | |  |
| 5.6.2 | Demonstrated ability to conduct a post-incident analysis of a multi-unit response of the agency. Ability to effectively communicate outcomes of analysis using the agency policies and procedures. | |  | | | |  | | |  |
| 5.6.3 | Demonstrated ability to prepare a written report, given incident reporting data from the jurisdiction, so that the major causes for service demands are identified for certain planning areas within the service area of the organization. | |  | | | |  | | |  |
| 5.7.1 | Demonstrated ability to analyze a member’s accident, injury, or health exposure history and provide a report that includes health and safety recommendations to a supervisor. | |  | | | |  | | |  |
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