

Incident Safety Officer Skill Performance Checklist



Station A – Fire Suppression Incident	Test Date:	Candidate #:
Reference NFPA 1521, Chapter 4 – 2008 Edition Objective 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.2.5, 6.3.1, 6.3.2, 6.3.3	Test Site:	

Directions: Provided a scenario and utilizing form(s) provided or jurisdictional forms the candidate will complete required documents. Document Incident Checklist/Safety Report to include a narrative.

Performance Outcome: Pass/fail will be determined by 10 out of 10 items being performed correctly.

No.	Task Steps	Initial Test		Retest	
		Yes	No	Yes	No
1.	Uses information provided to begin size-up				
2.	Identifies any additional information/data needed for size-up				
3.	Implements the Incident Command System (ICS)				
4.	Ensures qualifications and readiness of a rapid intervention team per NFPA 1500 criteria				
5.	Determines likely harm a. Evaluates smoke and fire conditions b. Predicting areas of potential harm				
6.	Advises IC of hazards, collapse potential and fire extension				
7.	Limits accessibility of structural entry/egress and effects on personnel safety				
8.	Ensures Incident Scene rehabilitation is established and maintained during operations. a. ensures compliance with Infection control policies				
9.	Lists other agencies that may be considered as required by incident operations. i.e. CISM, EMS, municipality streets or water depts., etc.				
10.	Documents and reports are complete, accurate and legible.				

PASS _____	PASS _____
FAIL _____	FAIL _____

Evaluator Comments: _____

Evaluator Signature: _____ Evaluator # _____

Re-Test Evaluator Signature: _____ Evaluator # _____

**Incident Safety Officer
Skill Performance Checklist**



ISO Incident Checklist

Safety Officer:	Incident #	Date:	Time:
Incident Commander:	Location:		
Response Type :			

Strategy and Tactics:

	Initial scene size up:
	Offensive/defensive/marginal attack:
	Crews following incident commander strategy:
	ICS
	Rehab
	RIT (RIC) –
	Ventilation:
	Risk Management (if the action necessary):
	Hazards:
	Reassessment of Incident activities:
	Resources:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Jan 2014

Incident Safety Officer Skill Performance Checklist



Station B – Accident Investigation and Review	Test Date:	Candidate #:
Reference NFPA 1521, Chapter 4 – 2008 Edition Objectives: 6.6.1, 6.6.2, 6.6.3	Test Site:	

Directions: The candidate will be provided a scenario involving some type of injury during a common incident. Using form(s) provided or jurisdictional forms the candidate will complete an Incident injury report on the injured fire fighter and write a brief memo that describes the events, investigation outcome and corrective action(s).

Performance Outcome: Pass/fail will be determined by 6 out of 6 items being performed correctly

No.	Task Steps	Initial Test		Retest	
		Yes	No	Yes	No
1.	Interprets scenario/incident information appropriately				
2.	Recognized and identified problem				
3.	References FD Policies and procedures for accident investigations				
4.	Initiates accident investigation procedure a. contains brief statement of what happened b. determines compatibility of PPE ensemble b. recommended a course of action to deal with the problem c. recommended course of action explained to fire fighter				
5.	Request assistance from Health and Safety Officer as determined by the type of event				
6.	Prepares and submits a written reports of the findings of the accident investigation. a. report is accurate and complete b. written legibly or typed c. explained who, what, where, when, why and To, From, Time, Date, Subject				

PASS _____	PASS _____
FAIL _____	FAIL _____

Evaluator Comments: _____

Evaluator Signature: _____ Evaluator # _____

Re-Test Evaluator Signature: _____ Evaluator # _____

**Incident Safety Officer
Skill Performance Checklist**



INCIDENT REPORT

Date Reported: _____ Time Reported _____
Date of Accident: _____ Time of Accident _____
Location/Class Accident Occurred: _____
Incident ☐ Injury ☐ Near Miss ☐

Student Name: _____ SS#: _____
Address: _____ Date of Birth: _____ Sex: _____
Male ☐ Female ☐
Organization: _____ Chief: _____

CARE PROVIDED

None Required (report only) ☐ Refused ☐
First Aid (on scene) ☐
Transported to Medical Facility ☐ Facility Name _____

Nature of Injury/Illness/Report: _____
Cause: Fall ☐ Struck by Object ☐ Lifting ☐ Sharp Object ☐ Burns ☐ Action ☐
Other ☐ (Explain): _____
Unsafe Act: Yes ☐ No ☐ (explain) _____
Unsafe Condition: Yes ☐ No ☐ (explain) _____
Severity: Disabling ☐ Unknown (Follow up Required) ☐ Non-Disabling ☐ Fatality ☐

Brief Description of Accident: _____

Recommendation for Prevention of Recurrence: _____

Student Signature: _____ Date: _____
Safety Officer Signature: _____ Date: _____
Safety Officer Name PRINTED _____

USE BACK OF FORM FOR ADDITIONAL DETAILS