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# MISSION

The Mission of Maine Fire Service Institute is to assist in the development of skills and abilities in support of Maine's Fire Service at the local, regional and State level in collaboration with the fire chiefs of Maine.





#### **INTRODUCTION**

As fire service professionals, the Maine Fire Service Institute understands the need for standardized yet contemporary rules; and concern of the Maine fire service for standardization of the fire training and certification programs.

This document is intended to provide that information on the process, application steps and helpful information to pursue certification as Firefighter. An important component of this document is helpful tips for safety and hydration during firefighter training and testing.

Many changes have occurred in our certification procedures since the Maine Fire Service Institute was accredited by the PRO Board in 2006 and Re-Accredited in 2013. In many instances, these have necessitated revision of existing requirements and the development of new ones.

As with any document published by this office, we have attempted to include all the information that you, the user, might find useful. If, however, you do not find the information you need or have a question regarding the application of a procedure, please contact Peter Rines, Certification and Curriculum Manager.

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Thank you for your continued support of our efforts to provide quality training and certification opportunities to assist you in achieving your professional development and certification goals.

Sincerely,			

Bill Guindon

MFSI Director





#### I. Candidate Check-list for Fire Fighter I&II

Candidate Name:
Please keep and retain this page as your record and timeline of all documentation submitted.
Complete and submit Page 7 Certification Testing Application Form at the start of your training program DATE / / Submitted
Complete and submit Page 8 SMCC Registration Form at the start of your training program DATE / / Submitted
Complete and submit Page 9 Gear Inspection Sheet at the start of your training program DATE / / Submitted
Complete and submit Page 10 Medical Clearance for Respirator Use Form at the start of your training program DATE / / Submitted
Complete and submit Page 11 Fit Test Report Form at the start of your training program DATE / / Submitted
Please take the time to read the rest of the materials enclosed in this packet. It will provide you

with helpful information that will help keep you safe and healthy during the rigorous training

evolution you will be under taking.





#### II. General Requirements for Fire Fighter I & II Certification

Certification as Fire Fighter I & II will be issued to those individuals who have met the following guidelines and <u>provided documentation verifying:</u>

- A. Possess a valid Maine driver's license or a valid federal, state or school identification.
- B. Have successfully completed an approved Maine Fire Fighter I & II training program and provided verification of completion.
- C. Have completed Hazardous Materials Awareness and Operations as part of an approved Fire Fighter I & II training program.
- D. The candidate must meet the medical and physical fitness requirements to perform the task of fire fighter as determined by the authority having jurisdiction.
- E. Attain a minimum score of 70% on the State certification written examination and must successfully complete all practical skills tested on the State practical skills examination.

Applicants have one year from the time of course completion to complete the certification process.





# Certification Testing Application Form Implemented January 1, 2014, Updated April 24, 2014

•	(please print candidates' name) is	
compensation	equirements for age and/or years of service, approved training coverage, (fire department members only) to be eligible to tification examination:	=
Please indi	cate appropriate certification level being pursued in which pre-re	equisites have been met.
	Certification Level	
	Fire fighter I and II- Proof of completion of approved traisubmission of SMCC Registration Card and completed P	
	Fire Instructor I and II- 3 Years (Years of service since age 18 fighter I and II)	and shall be certified Fire
	Fire Officer I and II- 5 Years (Years of service since age 18 a fighter I and II and Fire Instructor I)	nd shall be certified Fire
supporting do	e information and statements submitted in this application cuments are true and correct to the best of my knowledge, are full and complete, omitting no material information. In insinformation or misrepresentation may result in the candidrocess.	and that all responses to understand that any
courses reques Coordinator or	authorize the release of any or all information concerning my enting certification and certification exam results only to the Chief his designee of my organization. A photo-static copy of this authorized and valid as the original.	Officer, Program
	o participate in a written or skill examination shall be sub Testing Manager no less than 2 weeks prior to a schedule	
Fire Chief / P	rogram Coordinator:(Please Print)	
Program Nan	(Please Print)  (Please Print)	
Signature: Fin	re Chief / Program Coordinator:	Date:
Office Use O	·	
Received by (	Certification and Curriculum Office on (date):By (	MFSI Staff):







## Registration Form

SMCC ID#	TODAY'S DATE			
LAST NAME	FIRST		MIDDL	E
BIRTH/OTHER NAME				
CELL PHONE				
MAILING ADDRESS				
CITY	STATE	ZIP		
COUNTY	SOCIAL SECURITY #			
GENDER* FEMALE MALE	BIRTHDATE*		S UNDER 18 YEA	ARS OF AGE
ETHNIC GROUP* (CHOOSE ONE)	PANIC/LATINO	NOT HISPANI	IC/LATINO	
RACE* (CHOOSE ALL THAT APPLY)  *OPTIONAL – THIS INFORMATION IS USED FOR REPORTING P  YOUR REASON FOR ENROLLING  TRANSFER TO ANOTHER CO	AN ER PACIFIC ISLANDER PURPOSES ONLY GREE OR CERTIFICATE		NRICHMEN	
HAVE BEEN A RESIDENT OF MAINE SINCE _	MONTH/YEAR	(for non-edu	icational pu	rposes)
ARE YOU A U.S. CITIZEN? YES NO	PROOF OF MAINE/US RESIDENCY F	REQUIRED TO QUALIFY	FOR IN-STATE T	UITION
	R GED? YES NO			
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF	R GED? YES NO	SPRING	☐ su	JMMER
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF			A AUDIT	
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF REGISTRATION YEAR	TERM   FALL	SPRING	A AUDIT	OFFICIA
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF REGISTRATION YEAR	TERM   FALL	SPRING	A AUDIT	OFFICIA
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF REGISTRATION YEAR	TERM   FALL	SPRING	A AUDIT	OFFICIA
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF REGISTRATION YEAR	TERM   FALL	SPRING	A AUDIT	OFFICIA
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF REGISTRATION YEAR	TERM   FALL	SPRING	A AUDIT	OFFICIA
DO YOU HAVE A HIGH SCHOOL DIPLOMA OF REGISTRATION YEAR	TERM   FALL	SPRING	A AUDIT	OFFICIA





#### MAINE FIRE SERVICE INSTITUTE PERSONAL PROTECTIVE GEAR INSPECTION SHEET

CANDIDATES WITH INSTRUCTION SHALL INSPECT OWN GEAR, LEAD INSTRUCTOR / COORDINATOR SHALL VERIFY & INITIAL.

COURSE TITLE	APPRO	
INSPECTION DATE	YES	NO
HELMET: APPROVED BY: NFPA CHIN STRAPFACE SHIELDEAR FLAPS GENERAL CONDITION / REMARKS		
COAT: APPROVED BY: NFPA_ OUTER SHELL VAPOR BARRIER THERMAL LINER APPROPRIATE FASTENING HARDWARE REFECTIVE TRIM GENERAL CONDITION / REMARKS		
PANTS:  APPROVED BY: NFPAOSHA OUTER SHELLVAPOR BARRIERTHERMAL LINER_ APPROPRIATE FASTENING HARDWAREREFECTIVE TRIM_ GENERAL CONDITION / REMARKS		
BOOTS APPROVED BY: NFPAOSHA TREAD WEARSTEEL TOESTEEL SHANK_ GENERAL CONDITION / REMARKS		
GLOVES APPROVED BY: NFPAOSHA GENERAL CONDITION / REMARKS		
PROGRAM COORDINATOR	-	
STUDENT SIGNATURE		
DATE		





#### **Medical Clearance for Respirator Use Form**

Company:		Dept:	Job:
Employee:		Patient ID	Exam
Medica	l Clearance for Respirator U	se	
Ту	ype(s) of Respirator to be used		
	Negative Pressure (air purifying Powered Air Purifying(PAPR) N, R, or P disposable respirator		Atmosphere supplying (air lines) Atmosphere supplying (SCBA) oe only) Other
□ Ur	nrestricted Respirator Use (as r	noted above)	
	imited Respirator Use	,	
	No exposure to immediately Because eardrums could not atmospheres. If not visualize No strenuous exertion while	t be visualized or are not i ed, ears can be cleaned an wearing a respirator.	ntact, no exposure to IDLN
	assessment is recommended.	on any age in corain tight o	
	Needs follow-up medical eva	luation.	
☐ No	Respirator Use		
Addition	nal Requirements		
	Should remove beard, mustace Should have blood pressure Wears eyeglasses, needs to be Needs follow-up medical eva	rechecked. considered in respirator use	I hair that will interfere with use of respirator
	outine Physical 2015.		
The exar provided		ned of the results and a cop	by of this written recommendation has been
workplac greater p	ce conditions such as the physica physiological burden on the emp e an effect on the fit of the respir	al work effort, protective cl loyee; or if the above-ment	ther recommendations if: a change occurs in othing used or increased temperature placing ioned employee develops physical changes that ight gain or loss, change in dentures or facial
	1		
Examiner:_		Signature:	Clearance Date:





01/17/2014 LAST NAME FIRST NAME

#### FIT TEST REPORT

ID NUMBER

LOCATION

LAST NAME CUSTOM1 CUSTOM2 FIRST NAME COMPANY **CUSTOM3** CUSTOM4

NOTE

PORTACOUNT S/N TEST DATE N95-COMPANION **TEST TIME** 

DUE DATE

RESPIRATOR PROTOCOL MANUFACTURER PASS LEVEL

MODEL

MASK STYLE APPROVAL

MASK SIZE

DURATION (sec) **EXERCISE** FIT FACTOR PASS

NORMAL BREATHING DEEP BREATHING HEAD SIDE TO SIDE HEAD UP AND DOWN

TALKING GRIMACE

BENDING OVER

NORMAL BREATHING

OVERALL FIT FACTOR

DATE FITTEST OPERATOR

> DATE NAME

EFFICIENCY <99%





# Maine Fire Service Institute Hydration Tips

#### Prior to Fireground Operations (or exercise)

- Drink at least 16 oz. of water two hours before operations/exercise to ensure your fluid levels
  are up to par. If you're dehydrated prior to exercise, try to consume 32 oz. of water.
- Drink 8–10 fl. oz. 10–15 minutes.

#### During Fireground Operations (or exercise)

- Drink cool (40 degrees F), dilute fluids at a minimum rate of at least 8 oz. every 15 minutes or 34 oz. per hour. Those who are dehydrated must drink 8 oz. every 10 minutes or 50 oz. per hour.
- Drink 8–10 oz. every 10–15 minutes.
- If exercising longer than 90 minutes, drink 8–10 oz. of a sports drink (with no more than 8% carbohydrate) every 15–30 minutes.

#### After Fireground Operations (or exercise)

- If the exercise (fireground activity) lasts for less than an hour, the body should have sufficient
  electrolyte and carbohydrate supplies to maintain optimal performance. Therefore, for short
  periods of exercise, water is just as good as sports drinks.
- If exercise (fireground activity) lasts for more than an hour, use a sports drink with electrolytes and carbohydrates along with water to rehydrate the body.
- Weigh yourself before and after exercise and replace fluid losses, drink 20–24 oz. of water for every pound lost.
- If no water was consumed during exercise (fireground operations), aggressively rehydrate at a rate of 16 oz. of fluid every 15–20 minutes.

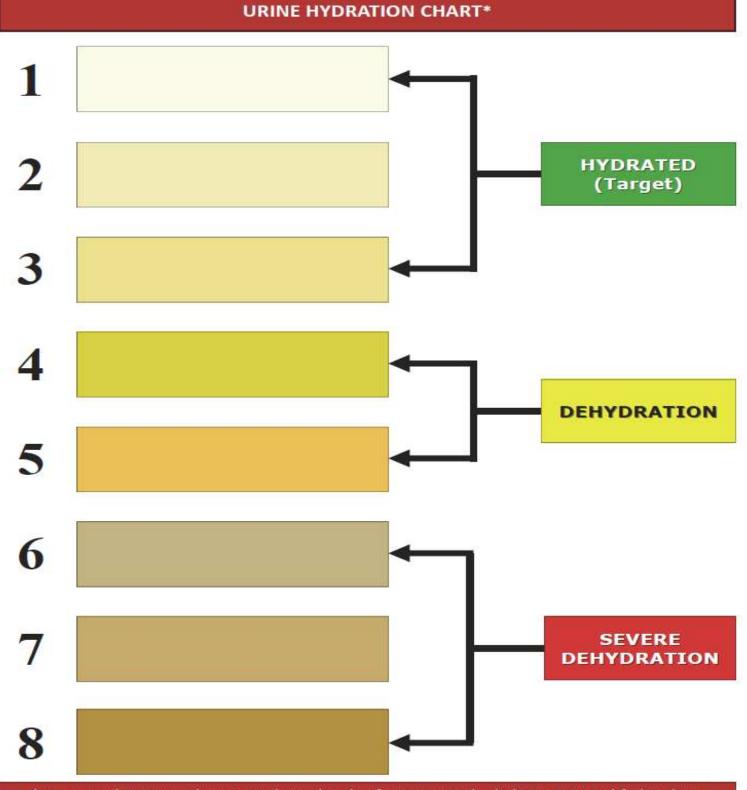
Please refer to the attached chart that can be used as a personal guide to proper hydration.

Remember Safety is everyone's responsibility on the Fire Training Ground.





# Am I Hydrated?







SOUTHERN MAINE COMMUNITY COLLEGE

	5				AIR I	AIR TEMPERATURE	TURE		9		
	70	75	80	85	06	95	100	105	110	115	120
RELATIVE HUMIDITY				7	APPAREN	IT TEMPI	APPARENT TEMPERATURE				
%0	64	69	73	84	83	87	16	95	66	103	107
%01	99	0/	75	08	85	06	95	100	105	111	116
20%	99	7.7	77	82	87	93	66	105	112	120	130
30%	19	23	78	84	06	96	104	113	123	135	148
40%	89	14	62	98	93	101	110	123	137	151	
20%	69	<b>SL</b>	81	88	96	107	120	135	150		
%09	70	9/	82	06	100	114	132	149			
%02	70	11	85	93	106	124	144				
%08	71	84	98	<b>L6</b>	113	136	157				
%06	71	61	88	102	122	150	170				
100%	72	80	16	108	133	166					

INITIDA THREAT	INDOM TIMEST	LITTLE OR NO DANGER UNDER NORMAL CIRCUMSTANCES	FATIGUE POSSIBLE IF EXPOSURE IS PROLONGED AND THERE IS PHYSICAL ACTIVITY	HEAT CRAMPS AND HEAT EXHAUSTION POSSIBLE IF EXPOSURE IS PROLONGED AND THERE IS PHYSICAL ACTIVITY	HEAT CRAMPS AND HEAT EXHAUSTION LIKELY, HEAT STROKE POSSIBLE IF EXPOSURE IS PROLONGED AND THERE IS PHYSICAL ACTIVITY	HEAT STROKE IMMENENT!	NOTE: ADD 10° WHEN PPE IS WORN AND ADD 10° WHEN IN DIRECT SUNLIGHT.
DANGER	CATEGORY	NONE	CAUTION	EXTREME CAUTION	DANGER	EXTREME DANGER	DD 10° WHEN
APPARENT	TEMPERATURE °F CATEGORY	Below 80°	°06 - 90°	91° - 105°	106°-130°	ABOVE 130°	NOTE: A





# WIND CHILL CHART

					WIND SPEED	SPEED				
	5	10	15	20	25	30	35	40	45	50
AIR TEMP.				APPA	RENT TE	APPARENT TEMPERATURE	URE			
30	27	16	11	3	0	-7	7	7	9-	1-
25	21	6	1	7	-7	-11	-13	-15	-17	-17
20	91	2	9	6-	-15	-18	-20	-11	-24	-24
15	11	-7	11-	-17	-22	-26	-27	-29	-31	-31
10	7	6-	-18	-24	-29	-33	-35	-36	-38	-38
5	-	-15	-25	-32	-37	7	87	9	94-	4
0	9-	-22	-33	-40	45	-49	-52	-54	70	-36
-5	7	-27	7	94-	-52	-56	9	-62	-63	-63
-10	-15	-31	4	-52	-58	-63	19-	69-	-20	-70
-15	-20	-38	-51	09-	19-	-20	-72	9/-	84-	64-
-20	-26	-45	09-	89-	-75	-78	-83	-87	-87	-88
-25	-31	-52	-65	9/-	-83	-87	06-	-94	-94	96-
-30	-35	-58	-30	-81	-89	-94	86-	-101	-101	-103
-35	7	-64	84-	-88	96-	-101	-105	-107	-108	-110

DANGER	LITTLE DANGER FOR PROPERLY CLOTHED PERSON	INCREASING DANGER, FLESH MAY FREEZE	FLESH MAY FREEZE IN 30 SECONDS
DANGER CATEGORY	CAUTION	DANGER	EXTREME DANGER
WIND CHILL TEMPERATURE °F	ABOVE -25°	-25° TO -75°	BELOW-75°