

Huntley Fire Department Aerial Ladder Driver Qualification Score Sheet

Driver's Name: _____ Test Date: _____

Instructor's Name: _____

Beginning Time: _____ Ending Time: _____ Total Mileage: _____

2) Vehicle Inspection, Chassis Controls and Driving:

Objective: *The Aerial Ladder Driver Candidate will properly identify each of the systems and components listed below. Where appropriate the candidate must demonstrate the operation and maintenance checks required.*

	COMMENTS	
	SATISFACTORY	NEEDS IMPROVEMENT
<u>Fluids Level Capacity, Location and Servicing:</u> <input type="checkbox"/> Fuel Systems <input type="checkbox"/> Chassis <input type="checkbox"/> Equipment <input type="checkbox"/> Crankcase Oil <input type="checkbox"/> Coolant System <input type="checkbox"/> Transmission Fluid <input type="checkbox"/> Power Steering Fluid <input type="checkbox"/> Battery Charging System <input type="checkbox"/> Hydraulic Fluid Reservoir		
<u>Chassis Lighting:</u> <input type="checkbox"/> Headlights <input type="checkbox"/> Driving Lights <input type="checkbox"/> Turn Signals <input type="checkbox"/> Clearance Lamps <input type="checkbox"/> Brake Lights <input type="checkbox"/> Spot Lights <input type="checkbox"/> Parking Brake <input type="checkbox"/> Compartment Lights		
<u>Chassis Warning Systems:</u> <input type="checkbox"/> Low Air Pressure <input type="checkbox"/> Transmission Temperature <input type="checkbox"/> Coolant Temperature <input type="checkbox"/> Gen. Shift <input type="checkbox"/> PTO Shift <input type="checkbox"/> Pump Shift		

<u>Emergency Warning Systems:</u> <input type="checkbox"/> Mechanical Siren <input type="checkbox"/> Overhead (Cab) Light Bar <input type="checkbox"/> Strobe Lights <input type="checkbox"/> Siren/Horn Switch <input type="checkbox"/> Master Warning Switch		
<u>Tire Inflation:</u> <input type="checkbox"/> Front Axle <input type="checkbox"/> Inside Dual Axle <input type="checkbox"/> Outside Dual Axle		
<i>The Aerial Ladder Driver Candidate shall correctly identify and state the proper operation and reset procedure for stopping the engine.</i>		
<u>Engine Stop Devices:</u> <input type="checkbox"/> Engine Stop Button <input type="checkbox"/> Emergency Engine Stop Control <input type="checkbox"/> Emergency Engine Stop Use		
<u>Body and Exterior Equipment:</u> <input type="checkbox"/> Compartments Secure <input type="checkbox"/> All Exterior Equipment Secure		
<u>Cab and Apparatus Inventory:</u> <input type="checkbox"/> Demonstrated Knowledge of All Mapping and Reference Resources Carried in Cab. <input type="checkbox"/> Demonstrated Knowledge of Complete Cab Inventory <input type="checkbox"/> Demonstrated Knowledge of Compartment Inventories. <input type="checkbox"/> Demonstrated Complete Exterior Equipment Inventory		
Vehicle Preparation, Starting and Driving in Forward Gear/s		
<i>Objective: The Ladder Driver Candidate shall correctly prepare for driving and safely start the apparatus. The Ladder Driver shall demonstrate competency while safely driving the apparatus in forward gear/s on the roadways during various traffic volumes.</i>		
<u>Preparation to Drive:</u> <input type="checkbox"/> Removes Shore Line <input type="checkbox"/> Adjusts Driver's Seat Correctly <input type="checkbox"/> Adjusts All Rear View Mirrors <input type="checkbox"/> Fastens Seat Belt <input type="checkbox"/> Requires All Passengers to be Seated With Seat Belts Fastened <input type="checkbox"/> Visibly Checks Clearance Around Apparatus Before Starting		

<u>Ignition System:</u> <input type="checkbox"/> Activates Ignition Switch <input type="checkbox"/> Activates Starter Switch <input type="checkbox"/> Safely Starts Engine <input type="checkbox"/> Visually and Audibly Checks All Chassis Warning Devices <input type="checkbox"/> Air Pressure <input type="checkbox"/> Oil Pressure <input type="checkbox"/> Verbal – No Warning Lights		
<u>Engine Condition Indicators and Gauges:</u> <input type="checkbox"/> Air Pressure (Rapid Supply) <input type="checkbox"/> Air Pressure (Service Supply) <input type="checkbox"/> Tachometer <input type="checkbox"/> Fuel Gauge <input type="checkbox"/> Engine Coolant Temperature Gauge <input type="checkbox"/> Voltmeter <input type="checkbox"/> Amp Meter <input type="checkbox"/> Pump In-Gear Indicator <input type="checkbox"/> PTO Indicator <input type="checkbox"/> Jake on, and On High		
<u>Shifting and Moving Vehicle:</u> <input type="checkbox"/> Release Parking Brake <input type="checkbox"/> Selects Drive (Auto Transmission)		
<u>Forward Gear Driving:</u> <input type="checkbox"/> Smoothly Accelerates <input type="checkbox"/> Smoothly Releases Accelerator <input type="checkbox"/> Steadily Applies Air Brake <input type="checkbox"/> Steers In Steady Hand-Over-Hand Method		
<i>The Ladder Driver shall demonstrate competence while driving the apparatus in Reverse Gear. Competence must be demonstrated at several locations within the response area, and shall be based on realistic spotting or staging assignment for the Ladder.</i>		
<u>Preparation for Driving in Reverse Gear:</u> <input type="checkbox"/> Posts a Ground Guide (Back-Up Man) <input type="checkbox"/> Checks for Ladder Clearance <input type="checkbox"/> Checks Rear View Mirrors and Visibility <input type="checkbox"/> Properly Places Transmission in Reverse <input type="checkbox"/> Acknowledges and Checks "Blind Spots"		

<u>Spotting and Staging Situations:</u> <input type="checkbox"/> Left Reverse "T" Turn <input type="checkbox"/> Right Reverse "T" Turn <input type="checkbox"/> Backs Around Corner <input type="checkbox"/> Backs Into Alley or Business Access Road <input type="checkbox"/> Backs Into Quarters		
<i>The Ladder Driver smoothly operates accelerator and brakes while driving in reverse.</i>		
<i>The Ladder Driver demonstrated over-all safety and confidence while operating the vehicle in forward gears.</i>		
<u>ADDITIONAL COMMENTS:</u>		

Section 2 – Vehicle Inspection, Chassis Controls and Driving.

Certification Recommendation

I certify that Section 2 of the Aerial Ladder Certification test was administered to the named member utilizing this score sheet under my supervision on the listed date.

In my opinion the named member is competent at the operating skills to safely drive Aerial Ladder Apparatus.

Instructor: _____ Date: _____

I verify that the named member has passed Section 2 of the Aerial Ladder Certification Test. My signature indicates this individual is recommended to proceed to Section 3 of the Aerial Ladder Certification Test.

Training Officer: _____

Date: _____

***Huntley Fire Department
Aerial Ladder Driver
Qualification Score Sheet***

Driver's Name: _____

Test Date: _____

Instructor's Name: _____

1) Aerial Ladder Operations:

	COMMENTS	
	SATISFACTORY	NEEDS IMPROVEMENT
<u>Aerial PTO Operations:</u> <input type="checkbox"/> Sets Parking Brake <input type="checkbox"/> Looks for Hazard <input type="checkbox"/> Covers Brake Pedal <input type="checkbox"/> Engages PTO Switch <input type="checkbox"/> Engages Generator <input type="checkbox"/> Wheel Chocks (Front Wheels)		
<u>Outrigger Operations:</u> <input type="checkbox"/> Drop Pump Step <input type="checkbox"/> Places Jack Pads <input type="checkbox"/> Raises Vehicle Until Tires Are Just Off the Ground or Weights Is Off Tire <input type="checkbox"/> Using the Opposite Jack, Raise the Vehicle Until Tires Are Both Off Ground <input type="checkbox"/> Checks Interlock Light <input type="checkbox"/> Checks for Level <input type="checkbox"/> Jacks to Ladder Switch		
<u>Aerial Operations: (Turn Table)</u> <input type="checkbox"/> Describes Maximum Weight For Basket Operation <input type="checkbox"/> Describes All Operation of Switches, Levers and Lights on the Control Console <input type="checkbox"/> Turns on Intercom System to Basket <input type="checkbox"/> Looks for Hazard <input type="checkbox"/> Raises Ladder <input type="checkbox"/> Rotates Basket <input type="checkbox"/> Extends Ladders <input type="checkbox"/> Operates Controls Smoothly-Without Jerking		

<u>Aerial Operations:</u> <input type="checkbox"/> Describes Maximum Weight For Ladder Operation <input type="checkbox"/> Describes All Operation of Switches, Levers and Lights on the Control Console <input type="checkbox"/> Turns on Intercom System to Basket <input type="checkbox"/> Looks for Hazard <input type="checkbox"/> Raises Ladder <input type="checkbox"/> Rotates Ladder <input type="checkbox"/> Extends Ladders <input type="checkbox"/> Operates Controls Smoothly-Without Jerking <input type="checkbox"/> Safety Belt <input type="checkbox"/> SCBA Operation		
<u>Aerial Ladder Emergency Operations:</u> <input type="checkbox"/> Rotates Ladder Out of Danger Area <input type="checkbox"/> Proper Usage of Electric Hydraulic Pump <input type="checkbox"/> Moves Ladder Using Manual Valve Controls		
<u>Bedding Ladder:</u> <input type="checkbox"/> Properly Aligns Turn Table <input type="checkbox"/> Checks for Hazards <input type="checkbox"/> Lowers Ladder Into Cradle <input type="checkbox"/> Places Ladder Under 1500 Lbs Pressure <input type="checkbox"/> Raises Left Outriggers <input type="checkbox"/> Raises Right Outriggers <input type="checkbox"/> Secures Pads and Wheel Chocks <input type="checkbox"/> Secures Pump Step		
<input type="checkbox"/> 100 Ft. Ladder Climb		
<input type="checkbox"/> Walk Around Safety Check		
<u>ADDITIONAL COMMENTS:</u>		

Section 1 –Aerial Ladder Operations.

Certification Recommendation

I certify that Section 1 of the Aerial Ladder Certification test was administered to the named member utilizing this score sheet under my supervision on the listed date.

In my opinion the named member is competent at the operating skills to safely operate the ladder.

Instructor: _____ Date: _____

I verify that the named member has passed Section 1 of the Ladder Tower Certification Test. My signature indicates this individual is recommended to proceed to Section 2 of the Ladder Tower Certification Test

Training Officer: _____

Date: _____

***Huntley Fire Department
Aerial Ladder Driver
Qualification Score Sheet***

Driver's Name: _____

Test Date: _____

Instructor's Name: _____

3) Aerial Ladder Pump Operations:

	COMMENTS	
	SATISFACTORY	NEEDS IMPROVEMENT
<u>Ladder /Pump Operation:</u> <input type="checkbox"/> Engages PTO <input type="checkbox"/> Engages Pump/Circulates Water <input type="checkbox"/> Places Wheel Chocks <input type="checkbox"/> Set up ladder properly <input type="checkbox"/> Raises Ladder to 60 Degree Angle <input type="checkbox"/> Opens Inlet Valves <input type="checkbox"/> Opens Discharges to Basket <input type="checkbox"/> Delivers Correct GPM for: <input type="checkbox"/> Solid Bore Tip <input type="checkbox"/> Fog Nozzle Tip <input type="checkbox"/> Demonstrates Knowledge of Tip Sizes and GPM's <input type="checkbox"/> Properly Sets Pressure Governor Control Unit		
<u>Ladder Tower/Pump Operation:</u> <input type="checkbox"/> Throttles Down Pump <input type="checkbox"/> Shuts Down Discharge Valves <input type="checkbox"/> Places Transmission into Neutral <input type="checkbox"/> Disengages Electric Pump Switch <input type="checkbox"/> Properly Drains Waterway/Tip Open <input type="checkbox"/> Lowers Ladder <input type="checkbox"/> Properly Beds Ladders <input type="checkbox"/> Properly Raises Outriggers <input type="checkbox"/> Picks Up Wheel Chocks and Outrigger Pads		
<u>Vehicle's Generator:</u> <input type="checkbox"/> Properly turns on Breaker for Lights		
<u>ADDITIONAL COMMENTS:</u>		

Section 3 – Aerial Ladder Pump Operations.

Certification Recommendation

I certify that Section 3 of the Aerial Ladder Certification test was administered to the named member utilizing this score sheet under my supervision on the listed date.

In my opinion the named member is competent at the operating skills to safely operate the pump of the Aerial ladder.

Instructor: _____ Date: _____

I verify that the named member has passed Section 3 of the Aerial Ladder Certification Test. My signature indicates this individual is qualified to driver the ladder tower..

Training Officer: _____

Date: _____