

Alton Fire & Rescue Department Standard Operating Guidelines (SOG)

SOG 1.3.9 Fire Department Equipment Operators (Reference SOP 1.3.9)

PURPOSE: To insure that each Department member is identified as qualified to operate Department equipment or vehicles and that only authorized members operate said equipment or vehicles.

SCOPE: All Department members.

SPECIFICS: Each Department member who is determined to be qualified to operate each specific piece of equipment or vehicle shall be registered by the Chief. Members so qualified may operate apparatus beyond their respective station grounds.

DATE: Approved November 3, 2008 **REVISED** January 31, 2012

Alton Fire & Rescue Department Standard Operating Procedures (SOP)

SOP 1.3.9 Fire Department Equipment Operators

PURPOSE: To implement the Driver/Operator Qualification ID system.

SCOPE: All Department members.

SPECIFICS: Department members shall be qualified as driver/operators of specific apparatus based on training and experience provided under the direction of an officer, and shall be recommended as so qualified by the Officer to the Chief of the Department. On such recommendation, the Chief at his or her discretion may register the member as qualified to operate specific apparatus/equipment.

Unauthorized use of equipment or vehicles is subject to disciplinary action at the discretion of the Fire Chief.

The Chief shall, at his discretion, publish a registry of members qualified to operate apparatus/equipment.

DATE: Approved November 3, 2008 REVISED January 31, 2012

Addenda: Apparatus Qualification Checklist Attestation Forms



ALTON FIRE / RESCUE DEPARTMENT

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TEL: (603) 875-0222 FAX: (603) 875-0226
"Desire to Serve - Committed to Protect"

APPARATUS QUALIFICATION CHECKLIST

ENGINE/PUMPER

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License (if applicable): _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Exiting and entering apparatus quarters.
- Driving in traffic and on open road.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify – example: light tower)

Able to pump apparatus and discharge water to a designated line or discharge valve using:

- Tank Water
- Water from a dynamic water source (such as a hydrant or source pumper)
- Water from a static water source (such as a pond or dry hydrant).

Passed: _____ By: _____ Signature: _____
DATE Print Name & Rank



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APPARATUS QUALIFICATION CHECKLIST

LADDER

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License (if applicable): _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Exiting and entering apparatus quarters.
- Driving in traffic and on open road.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify – example: Aerial Ladder)

Able to pump apparatus and discharge water to a designated line or discharge valve using:

- Tank Water
- Water from a dynamic water source (such as a hydrant or source pumper)
- Water from a static water source (such as a pond or dry hydrant).

Able to safely set apparatus and operate aerial ladder

- Able to operate ladder pipe

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APPARATUS QUALIFICATION CHECKLIST

HEAVY RESCUE

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License (if applicable): _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Exiting and entering apparatus quarters.
- Driving in traffic and on open road.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify – example: light tower)

Passed: _____ By: _____ Signature: _____
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APPARATUS QUALIFICATION CHECKLIST

AMBULANCE

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License: _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Exiting and entering apparatus quarters.
- Driving in traffic and on open road.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:
(specify)

Passed: _____ By: _____ Signature: _____
DATE Print Name & Rank



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APPARATUS QUALIFICATION CHECKLIST

FIRE BOAT

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH : _____
Driver's License Boating Certificate

Able to safely operate Boat:

- Includes starting up and shutting down sequence.
- Departing dock and Docking Boat.
- Operating Boat following appropriate navigation aids
- Operating Boat in adverse weather conditions
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify: example: GPS, Radar, Depth Recorder)

Passed: _____ By: _____ Signature: _____
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APPARATUS QUALIFICATION CHECKLIST

FORESTRY VEHICLE

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License (if applicable): _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Exiting and entering apparatus quarters.
- Driving in traffic and on open road.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify – example: Fire Pump)

Passed: _____ By: _____ Signature: _____
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APPARATUS QUALIFICATION CHECKLIST

OFF ROAD UTILITY VEHICLE

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License (if applicable): _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Exiting and entering apparatus quarters.
- Driving onto and off from trailer.
- Driving in adverse terrain.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify – example: Rescue Skid, Forestry Pump Skid)

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APPARATUS QUALIFICATION CHECKLIST

OFF ROAD SNOW MACHINES

Complete this checklist to indicate qualification to operate the specific apparatus described. Each item must be passed in order to qualify. Each item must be attested to by the apparatus officer or an officer of higher rank. All items must be completed.

Apparatus identification: _____

Member Name: _____ NH License (if applicable): _____

Able to safely drive apparatus:

- Includes starting up and shutting down sequence.
- Use of safety equipment.
- Driving onto and off from trailer.
- Driving in adverse terrain.
- Operation of emergency lights and warning devices.

Operation of apparatus specific equipment:

(specify – example: Rescue Sled)

Passed: _____ By: _____ Signature: _____
DATE Print Name & Rank

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