



Prince George Fire and EMS Drive Release Check off Form



Candidate Name: _____ Employee Number: _____ Company Officer: _____ Unit: _____

Admin: ___ Valid Virginia DL ___ VDFP/VAVRS EVOC certificate for vehicle class ___ Either VDFP DPO, VDFP BPO & RWS, or other approved Certificate ___ VDFP DAO or other approved certificate ___ knowledge of all current Department and County driving policies including where to reference them. **Reviewer Initials:** _____ **Date:** ___/___/___

General Maintenance/Operation (The Candidate has successfully identified, explained and demonstrated correct use/operation of each component as it relates to the specific unit) ___ Oil Pressure ___ Oil Temp ___ Oil Level ___ Coolant Temp ___ Radiator Level ___ Power Steering Fluid Level ___ Windshield Washer Fluid ___ Ammeter ___ Voltmeter ___ Fuel ___ Speedometer ___ Tachometer ___ Air Pressure ___ Master Switch ___ Ignition Switch ___ Engine Start ___ Clutch ___ Gear Shift ___ Accelerator ___ Throttle ___ Brake Switch/Engine Brake ___ Foot Brake ___ Parking Brake ___ Engine Shutdown ___ Headlights ___ Turn Signal ___ Vehicle Horn ___ Air Condition/Heater ___ Emergency/Warning Lights ___ Air Horn ___ Siren ___ Generator ___ Communication Equipment ___ Tire Pressure ___ All other Preventive Maintenance items critical to the operation of the specific unit. Demonstrates and documents ___ Daily ___ Weekly ___ Monthly maintenance checks. **Mentor initials:** _____ **Date:** ___/___/___

Compartments and Equipment (The Candidate must demonstrate knowledge of location and operation of all equipment on the apparatus) ___ In cab equipment location ___ In cab equipment operation ___ Exterior equipment location ___ Exterior equipment operation. ___ Nozzles ___ Hose loads ___ Master Stream Devices. **Mentor initials:** _____ **Date:** ___/___/___

Cone Course (The Candidate must complete 5 Events per VDFP/VAVRS guidelines. The Serpentine and Ally Dock are required)
Check 3- ___ Blind Sided Backing ___ Diminishing Clearance ___ Light Bulb ___ Offset Alley ___ Parallel Parking ___ Straight Line ___ Turn and Back. **Mentor initials:** _____ **Date:** ___/___/___

Road Driving (After successful completion of the Cone Course, the candidate shall demonstrate driving competency on a variety of road conditions) ___ Residential ___ Rural ___ Highway (day) ___ Residential ___ Rural ___ Highway (night)
Mentor initials: _____ **Date:** ___/___/___

Pumping Apparatus (The candidate demonstrated proficiency in the following competencies) ___ Engage pump ___ Location and Use of all valves and Drains ___ location and use of throttle, discharges, and intakes ___ Successful completion of a pumping evolution to include the following in order (___ Lay in from Hydrant ___ properly position apparatus ___ Place Hand line in service off of booster tank ___ switch from booster to water supply ___ place second line in service (different PSI requirement) ___ Place master stream in service) ___ conduct appropriate shut down procedure ___ Demonstrate appropriate use of unit's foam systems ___ Properly perform drafting procedure ___ take all appropriate safety measures ___ pump to the appropriate pressures without running out of water ___ conduct any other operation critical to pumping the specified unit.
Mentor initials: _____ **Date:** ___/___/___

Aerial Apparatus (The candidate demonstrated proficiency in the following competencies) ___ Properly position unit ___ Engage aerial ___ stabilize unit ___ transfer power to aerial ___ switch between rescue and firefighting mode ___ Lower aerial using emergency operation system ___ given several scenarios (rescue and firefighting) properly deploy aerial from all control stations ___ Properly bed aerial and restore stabilizers ___ properly short jack one side of the unit and explain the safe and appropriate use of the procedure ___ conduct any other operation critical to aerial operations on the specified unit.
Mentor initials: _____ **Date:** ___/___/___

Company Officer Signature: _____ Date: ___/___/___

Candidate Signature: _____ Date: ___/___/___

Shift Supervisor Name: _____ Signature: _____ Date: ___/___/___