



**Fire Officer II  
Certification Preparation Guide  
March, 2017**

### **Acknowledgement**

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Morna K. Foy, President  
Chrystal Seeley-Schreck – Associate Vice-President  
Angela White, Education Director, Fire Service

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## **Foreword**

On May 23, 1978, the Wisconsin Board of Vocational, Technical and Adult Education (WBVTAE), since renamed the Wisconsin Technical College System Board (WTCSB), approved the provision of certification to the Wisconsin fire service. The WTCSB also adopted the Professional Qualifications for the Fire Service, National Fire Protection Association (NFPA) 1000 Series Standards, and any future standards of the series as those which shall be used for identifying training course content for the certification of Wisconsin fire service personnel.

Fire service certification in the state of Wisconsin is not mandated by the WTCSB or any other state agency. Certification is rather an endeavor to be undertaken voluntarily by individuals or by collective members of fire departments. Those who aspire to Wisconsin Fire Service Certification, however, must satisfy the program requirements which are based on the appropriate NFPA Standards, and be tested for competency.

Certification is not necessarily a means of determining who may participate in the vocation or avocation of fire fighting, but is rather a symbol of dedication and commitment by the certified individual. Certification also provides documentation that the individual has demonstrated a high level of proficiency established through national consensus.

The WTCS Fire Service Education Office (FSEO) is ready and able to assist motivated individuals and/or fire departments in achieving their training and certification goals.

## **Assistance in Preparing for Certification**

The WTCS FSEO publishes a *Policy and Procedures Manual* which lists each category and level of certification offered. This manual contains pertinent information designed to assist candidates in preparing for the certification process. To obtain the WTCS FSEO *Policy and Procedures Manual*, please visit the WTCS FSEO website:

[mywtcs.wtcsystem.edu/fire-service/wisconsin-fire-certification/wisconsin-fire-service-education-office-policy-and-procedures-manual/](http://mywtcs.wtcsystem.edu/fire-service/wisconsin-fire-certification/wisconsin-fire-service-education-office-policy-and-procedures-manual/).

## **Entrance into the Wisconsin Fire Service Certification System**

Qualified individuals may enter the certification system by contacting any of the 16 districts of the WTCS. Upon receipt of a request, appropriate information and application materials for any of the certification categories/levels available will be forwarded. A listing of WTCS districts and their respective fire service coordinators/supervisors can be accessed from the WTCS FSEO web page.

## **Self-Study Element**

Some requirements of the NFPA standards cannot be adequately or fairly tested on the practical examination without completion of a self-study element. Such “homework” must be completed beforehand and candidates must bring the assignment(s) to the practical examination. Due to the random selection of the skills tested, candidates may or may not be required to use the self-study assignment during the examination.

### **Written Examination Element**

Approved candidates will be allowed to write the state certification examination for the category and/or level chosen. The written examination will consist of 100 questions with a 90-minute time limit. Multiple choice and true/false questions can be expected. If the candidates successfully achieve a minimum score of 70 percent on the written examination, they will advance to the practical skills examination element of the process. Candidates who received their preparatory training through the state-approved training program and who fail their initial attempt at the written examination will be allowed up to 2 retests. If still unsuccessful after their second retest, these candidates are required to re-enroll in and complete the approved training program before being allowed to again take the examination. A variety of exams will be used to insure that no candidate is allowed to take the same exam more than once. Each exam will be based on the NFPA standard, current edition, and constructed from a bank of questions maintained by WTCS FSEO.

Individuals may be granted “Advanced Standing” through recognition of equivalent training from another state or agency. Individuals granted Advanced Standing will be allowed a one-time challenge of both the written and practical examinations for the requested certification level(s). A final score of 70 percent or greater satisfies the written examination element and all practical exams are graded on a pass/fail basis. Successful completion of both elements shall result in issuance of the certification by the WTCS FSEO. If an individual fails either the written or practical exam, they will then need to complete the appropriate certification course in order to be eligible for entry into the certification process.

### **Practical Skills Examination Element**

Candidates who have passed the written examination element will be assigned to a practical skills examination at an approved WTCS test site on a date of their choosing (pending availability of openings). All candidates are required to pay the standardized statewide practical skills examination fee of \$80.00 (payable to the assigned WTCS test site).

Candidates will be responsible for all skills required by the appropriate NFPA standard, and must be prepared to perform any of the skills contained within the examination structure (a summary of the practical skills test stations is included in this document. Due to the large number of skills required by the standard, however, all skills cannot possibly be tested in a given examination. Rather, a number or series of skills will be selected for each exam through a random process. Skills to be tested will be selected to prevent prior knowledge by the candidates. The intent of this process is to ensure that candidates are prepared to test on all of the skills required by the standard. Each candidate must perform a total of 6 evolutions contained within the Fire Officer II examination structure, all test stations are individual tests, no team tests.

Practical examinations are graded on a 100 percent pass/fail basis. Throughout the design of the evaluation checklists, critical components of the skills will be strictly evaluated. “Non-critical” components and many “local issue” components that vary from fire department to fire department will not be critically evaluated during the examination.

Candidates must successfully complete all skills stations of an examination to receive a passing grade. Candidates who fail up to 2 stations may retest on the same day at no additional cost. Such retests will be conducted only after all other candidates have completed their examinations. If, after retesting, the candidates fail the station(s) again, they must retake the entire examination at a later date. Candidates who fail 3 or more stations on their initial examination attempt must retake the entire examination at a later date as well. This requirement is necessitated by the random examination skills selection process. Such retakes also require payment of another examination fee.

### **Examination Results**

Written exam scores will be sent to the District Coordinator via email for distribution to each candidate. Candidates will be notified of their practical examination results upon examination completion.

### **Certification**

Upon successful completion of all elements of the certification process, the candidate's name will be entered into the WTCS FSEO Certification database. Individuals will also receive, at no additional cost, an individualized certificate from the WTCS FSEO.

### **Denial and Revocation of Certification**

Fire Service certifications may be denied or revoked if an individual knowingly submits false information, cheats during class or an examination, fails to meet the certification criteria, engages in improper or criminal conduct or other actions that undermine the integrity of the Fire Service Education Office program(s).

### **Appeal Process**

If certification is denied or revoked, the individual is entitled to due process, including appeal and hearing. The entire appeal process is listed in the WTCS FSEO *Policy and Procedures Manual*.

## **FIRE OFFICER II CERTIFICATION PREPARATION GUIDE**

This document is provided to assist candidates as they ready themselves to enter the WTCS FSEO Fire Officer II Certification Process.

The NFPA 1021, Standard for Fire Officer Professional Qualifications, 2014 edition, Fire Officer II JPRs are listed in the left column. The right column contains information that will help candidates identify study resources or other notes on how to prepare for the examination elements.

The primary reference materials for meeting certification requirements, and upon which the test bank questions are validated and correlated to the Jones and Bartlett, Fire Officer Principles and Practices, Enhanced 3rd Edition.(hereinafter referred to as J&B).

**Self-Study, Written and Practical Skills Requirements and Study Hints**  
**NFPA 1021, Fire Officer II, 2014 Edition**

<b>JPR's</b>	<b>Chapter(s)</b>	<b>Page(s)</b>
<b>5.1</b> Meet the requirements of Fire Instructor I	1	16
<b>5.2.1</b> Initiate actions to maximize member performance.	6, 7, 9	121-122, 135-136, 171-177
<b>5.2.1(A) <u>Requisite Knowledge.</u></b> Human resource policies and procedures.	9	171-177
<b>5.2.1(B) <u>Requisite Skills.</u></b> Communicate orally and in writing.	7, 9	135-136, 171-177
<b>5.2.2</b> Evaluate the job performance of assigned members.	9	171-174
<b>5.2.2(A) <u>Requisite Knowledge.</u></b> Human resource policies and procedures.	9	171-174
<b>5.2.2(B) <u>Requisite Skills.</u></b> Communicate orally and in writing.	9	171-174
<b>5.2.3</b> Create a professional development plan	8	155-156
<b>5.2.3(A) <u>Requisite Knowledge.</u></b> Development of a professional development guide.	8	155-156
<b>5.2.3(B) <u>Requisite Skills.</u></b> Ability to communicate.	8	155-156
<b>5.3.1</b> Explain the benefits to the organization or cooperating.	11, 13, 14	213-217, 264-265, 280-283
<b>5.3.1(A) <u>Requisite Knowledge.</u></b> Agency mission and goals	11, 13, 14	213-217, 264-265, 280-283
<b>5.3.1(B) <u>Requisite Skills.</u></b> Ability to develop interpersonal relationships.	11, 13, 14	213-217, 264-265, 280-283
<b>5.4.1</b> Develop a policy or procedure.	9	172-173
<b>5.4.1(A) <u>Requisite Knowledge.</u></b> Policies and procedures and problem identification.	9	172-173
<b>5.4.1(B) <u>Requisite Skills.</u></b> Communicate in writing and to solve problems.	9	172-173

<b>JPR's</b>	<b>Chapter(s)</b>	<b>Page(s)</b>
<b>5.4.2</b> Prepare a project or divisional budget request.	14	274-275, 280-286
<b>5.4.2(A) <u>Requisite Knowledge.</u></b> Supplies and equipment necessary for ongoing or new projects.	14	274-275, 280-286
<b>5.4.2(B) <u>Requisite Skills.</u></b> Allocate finances	14	274-275, 280-286
<b>5.4.3</b> Process of purchasing.	14	276-277, 279
<b>5.4.3(A) <u>Requisite Knowledge.</u></b> Purchasing laws, policies and procedures.	14	276-277, 279
<b>5.4.3(B) <u>Requisite Skills.</u></b> Ability to use evaluative methods and to communicate.	14	276-277, 279
<b>5.4.4</b> Prepare a news release	4, 11	76, 215-216
<b>5.4.4(A) <u>Requisite Knowledge.</u></b> Policies and procedures and the format used for news releases	4, 11	76, 215-216
<b>5.4.4(B) <u>Requisite Skills.</u></b> Communicate orally and in writing	4, 11	76, 215-216
<b>5.4.5</b> Prepare a concise report for transmittal to a supervisor.	4,	75
<b>5.4.5(A) <u>Requisite Knowledge.</u></b> Data processing system.	4,	75
<b>5.4.5(B) <u>Requisite Skills.</u></b> Communicate in writing and to interpret data.	4,	75
<b>5.4.6</b> Develop a plan to accomplish change.	19,	395
<b>5.4.6(A) <u>Requisite Knowledge.</u></b> Planning and implementing change.	19,	395
<b>5.4.6(B) <u>Requisite Skills.</u></b> Ability to clearly communicate.	19,	395
<b>5.5.1</b> Determine the point of origin and preliminary cause of a fire.	18	368-375
<b>5.5.1(A) <u>Requisite Knowledge.</u></b> Methods used by arsonists.	18	375, 377-378
<b>5.5.1(B) <u>Requisite Skills.</u></b> Communicate orally and in writing and to apply knowledge using deductive skills.	18	368-375, 377-380

<b>JPR's</b>	<b>Chapter(s)</b>	<b>Page(s)</b>
<b>5.6.1</b> Produce operational plans.	13, 15, 17,	264-265, 293-294, 306-309, 352-354, 356
<b>5.6.1(A) <u>Requisite Knowledge</u>.</b> Standard operating procedures.	13, 15, 17,	264-265, 293-294, 306-309, 352-354, 356
<b>5.6.1(B) <u>Requisite Skills</u>.</b> Implement an incident management system.	13, 15, 17,	264-265, 293-294, 306-309, 352-354, 356
<b>5.6.2</b> Post-incident analysis	15	294-296
<b>5.6.2(A) <u>Requisite Knowledge</u>.</b> Elements of a post-incident analysis.	15	294-296
<b>5.6.2(B) <u>Requisite Skills</u>.</b> Write reports.	15	294-296
<b>5.6.3</b> Prepare a written report.	4	73, 75
<b>5.6.3(A) <u>Requisite Knowledge</u>.</b> Analyzing data.	4	73, 75
<b>5.6.3(B) <u>Requisite Skills</u>.</b> Ability to write clearly and to interpret response data.	4	73, 75
<b>5.7.1</b> Analyze a members' accident, injury, or health exposure history.	5	104-105
<b>5.7.1(A) <u>Requisite Knowledge</u>.</b> Causes of unsafe acts.	5	104-105
<b>5.7.1(B) <u>Requisite Skills</u>.</b> Communicate in writing and to interpret accidents, injuries, occupational illnesses, or death reports	5	104-105

## **Samples of Questions Used in the Written Examination Element**

(Not specific to Fire Officer II material)

### **Rescue Operations**

1. At a vehicle accident, stabilizing the vehicle with cribbing should be done?
  - A. Only if air bags are used.
  - B. Only if the vehicle is on its side.
  - C. If there is imminent danger of fire.
  - D. In order to prevent harm to the victim and rescuers.
  - E. None of the above.
2. Which of the following is NOT a source of power for pneumatic tools?
  - A. Air compressor.
  - B. SCBA cylinder.
  - C. Oxygen tanks.
  - D. Portable cascade systems.

### **General Knowledge Requirements**

3. A concept of the incident command system that describes the number of units (persons, functions, etc.) that one individual is able to manage effectively at one time is known as:
  - A. Unity of command.
  - B. Functional responsibility.
  - C. Span of control.
  - D. Modular expansion.

### **Prevention Preparedness and Maintenance**

4. Pre-incident planning does NOT include:
  - A. Gathering information about the facility.
  - B. Issuing citations for code violations.
  - C. Developing procedures for emergency responders.
  - D. Maintaining information resource systems.
5. Which of the following statements is incorrect?
  - A. Bleeding the air out of hose is important only for testing large diameter hose.
  - B. A hose test gate valve will prevent water from surging if a line bursts.
  - C. Hoses should be thoroughly inspected prior to pressure testing.
  - D. Personnel should wear protective equipment in the hose testing area.

## **FIRE OFFICER II PRACTICAL SKILLS EXAM STATIONS**

### **Practical Exam Pre-Requisites**

- Candidate must fulfill the Job Mentoring Project by completing at least two (2) JPR's and writing a 5 page report describing their experience.  
(Corrected by instructor in class but must be brought to the Practical Exam)
- The following grouped Job Performance Requirements (JPR's) must be prepared and placed into a portfolio and presented to the evaluators at the practical exam:
  - A) 5.3.1 Cooperating with allied organizations (Memo to Chief)
  - B) 5.4.1 Develop a policy or procedure (New Policy Form)
    - 5.4.5 Prepare a report for transmittal to a supervisor (Memo to Chief)
    - 5.4.6 Develop a plan to accomplish change in the organization (Memo to Chief)
  - C) 5.4.2 Develop a project or divisional budget (Budget Form)
    - 5.4.3 Describe the process of purchasing (Written Description of Purchasing Process)
  - D) 5.4.4 Prepare a news release (News Release Form)
  - E) 5.6.3 Prepare a written report covering service demands (Memo to Chief)
  - F) 5.7.1 Analyze a member's injury, accident, and exposure reports (Written Report to Chief)

## **Summary of Practical Skills Test Stations**

### **Practical Exam Station 1**

**Test 1 - Human Resource Management** - Candidate will be tested on one of the two choices below:

- 1A - 5.2.1 Maximize member performance - Correct unacceptable performance
- 1B - 5.2.2 Evaluate the job performance of members
- 5.2.3 Create a professional development plan

### **Test 2 - Community and Government Relations**

- 2A - 5.3.1 Cooperating with allied organizations – **Portfolio item**

**Test 3 - Administration** - Candidate will be tested on one of the three grouped choices below:

- 3A - 5.4.1 Develop a policy or procedure - **Portfolio item**
- 5.4.5 Prepare a report for transmittal to a supervisor - **Portfolio item**
- 5.4.6 Develop a plan to accomplish change in the organization - **Portfolio item**
- 3B - 5.4.2 Develop a project or divisional budget - **Portfolio item**
- 5.4.3 Describe the process of purchasing - **Portfolio item**
- 3C - 5.4.4 Prepare a news release - **Portfolio item**

### **Test 4 - Health & Safety**

- 4A - 5.7.1 Analyze a member's injury, accident, and exposure reports - **Portfolio item**

### **Practical Exam Station 2**

**Test 5 - Emergency Service Delivery** - Candidate will be tested on one of the grouped choices below:

- 5A1 - 5.6.1 Produce an operational plan
- 5A2 - 5.6.2 Develop and conduct a post-incident analysis
- 5B - 5.6.3 Prepare a written report covering service demands - **Portfolio item**

### **Test 6 - Inspection & Investigation**

- 6A - 5.5.1 Determine the point of origin and preliminary cause of a fire

### **General Test Information**

The test evolutions are based on the *NFPA 1021 Job Performance Requirements*. Skills are evaluated in accordance with the *Jones & Bartlett Fire Officer Principles and Practice*,

*Enhanced*, 3rd Edition curriculum and Skills Evaluation Checklists. Evolution times are designated by this document, not the J&B Skills Evaluation Checklist specifications.

Each candidate will perform a total of 6 of the possible evolutions (one from each of the six major areas). The tests will be selected randomly either by the state or by the evaluator. Candidates must be prepared to perform any of the skills listed.

Candidates waiting to test should be separated from the test stations. While a central staging/rehab area may be appropriate, there should be candidates in a nearby designated waiting areas (approximately 100 feet away) to keep the test flowing. Waiting areas should be clearly apparent (cones or signs). If reasonably possible, the waiting area should be out of view of the test. Candidates should not be discussing with, or coaching other candidates about the testing stations between tests.

### **Grading Schedule**

The following criteria will be used to evaluate and determine the pass/fail status of a candidate. Each item in the performance test checklist is given a rating.

**Critical (C)** - This rating has been assigned to items, which, if omitted or performed incorrectly, would result in severe injury to, or death of, an individual. Should a candidate fail to perform any **ONE** item rated as critical (**C**), the candidate would be unsuccessful in demonstrating the required proficiency level for that standard.

**Major (M)** - This rating refers to any item that is very important to the general safety of personnel and the successful completion of the evolution. Should a candidate fail to perform any **TWO** items rated as major (**M**), the candidate would be unsuccessful in demonstrating the required proficiency level for that standard.

**General** - This rating, although there is no symbol, has been given to all remaining items that in combination are relevant to the successful completion of the evolution. Should a candidate fail to perform any **THREE** items rated as general, the candidate would be unsuccessful in demonstrating the required proficiency level for that standard.

Should a candidate fail to perform any combination of Major or General rated items resulting in a sum total of **THREE**, the candidate would be unsuccessful in demonstrating the required proficiency level for that standard.

## **Test 1-A - Human Resource Management - Maximize Member Performance**

### **Description**

The candidate, utilizing their human resource policies and procedures, shall demonstrate the proper method to initiate actions to maximize member performance and/or to correct unacceptable performance, so the member's performance improves or the issue is referred to the next level of supervision.

### **Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.2.1

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

### **Directions to the Candidate**

Given a scenario, the candidate, utilizing their department's human resource policies and procedures, shall demonstrate the proper method to initiate actions to maximize member performance and/or to correct unacceptable performance, so that the member's performance improves or the issue is referred to the next level of supervision.

*Total Station Time: 15 Minutes*

*Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General*

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.2.1 Maximize Member Performance</b>		
	1. <b>(C)</b> Demonstrated knowledge of agency discipline policy		
	2. <b>(M)</b> Identified what actions were to be taken to correct/improve performance		
	3. <b>(M)</b> Identified deadline for actions to be corrected		
	4. <b>(M)</b> Identified consequences if the infraction reoccurs		
	5. <b>(C)</b> Counseled member according to agency policy		
	6. <b>(C)</b> Documented disciplinary action in writing according to agency policy		

**Test 1-B - Human Resource Management - Evaluate the Job  
Performance - Create a Professional Development Plan**

**Description**

Recommend action for member-related problems, given a member with a situation requiring assistance and the member assistance policies and procedures, so the situation is identified and the actions taken are within the established policies and procedures.

**Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.2.2, 5.2.3

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

**Directions to the Candidate**

Given an employee performance scenario, the candidate shall evaluate the job performance of the employee using their department's policies, procedures, personnel records and evaluation forms. The candidate shall then create a professional development plan that will help prepare the member for promotion.

*Total Station Time: 15 Minutes*

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.2.2 Evaluate The Job Performance Of Members</b>		
	<b>5.2.3 Create A Professional Development Plan</b>		
	1. (C) Documents current job performance		
	2. (C) Identifies areas individual is meeting or exceeding standards (strengths)		
	3. (C) Identified areas needing improvement		
	4. (C) Describes suggested areas for future improvement (goals)		
	5. (C) Prepares a professional development plan so the individual acquires the necessary knowledge, skills and abilities to be eligible for promotion		

## **Test 2-A - Community and Government Relations - (Portfolio Item)**

### **Description**

Explain the benefits to the organization of cooperating with allied organizations, given a specific problem or issue in the community, so that the purpose for establishing external agency relationships is clearly explained.

### **Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.3.1

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

### **Directions to the Candidate**

The candidate shall identify a department project that would benefit the community, the department, and determine the availability of resources that may be required from an external organization.

The candidate shall prepare a memorandum to the chief explaining the need for partnering with an external organization for the resources to implement the program.

The memorandum should include a description of the project, the resources required, and the benefits to the external organization, the department, and to the community.

***Total Station Time: 15 Minutes***

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.3.1 Cooperating With Allied Organizations</b>		
	1. <b>(C)</b> Prepares the memorandum to the Chief with clear and understandable terms		
	2. <b>(C)</b> Explains the availability of resources for implementing the program		
	3. <b>(C)</b> Thoroughly explains how these external organizational relationships will benefit the department in establishing this program		
	4. <b>(C)</b> Describes how the program can be implemented using external relationships with other organizations		

**Test 3-A - Develop a Policy Or Procedure - Prepare a Report For a Supervisor - Develop a Plan To Implement - (Portfolio Item)**

**Description**

Develop a policy or procedure, given an assignment, so that the recommended policy or procedure identifies the problem and proposes a solution.

Prepare a concise report for transmittal to a supervisor, given a fire department record(s) and a specific request for details such as trends, variances, or other related topics.

Develop a plan to accomplish change in the organization, given an agency's change of policy or procedures, so that effective change is implemented in a positive manner.

**Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.4.1, 5.4.5, 5.4.6

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

**Directions to the Candidate**

The candidate shall have developed a new policy or procedure that will benefit their department. The recommended policy or procedure must identify a problem/potential problem, and propose a solution.

The candidate shall have also prepared a memorandum to the fire chief explaining the need and justifications for the new policy. This memorandum must include a description of a plan to accomplish the change in the organization due to the new policy and how the change is to be implemented.

The candidate may use their own department's forms, the forms provided, or create their own form using the criteria in the evaluation checklist. A narrative must be included on the form used.

***Total Station Time: 15 Minutes***

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

ELEMENTS/STEPS	STANDARDS	NO	YES
	<b>5.4.1 Develop a Policy or Procedure</b> <b>5.4.5 Prepare a Report for Transmittal to a Supervisor</b> <b>5.4.6 Develop A Plan To Accomplish Change In The Organization</b>		
	1. (C) Develops and writes a new policy or procedure so the problem and solution are addressed		
	2. (C) Describes exactly whom the policy applies to and consequences for noncompliance, if applicable		
	3. (C) Contains implementation procedures for the policy		

ELEMENTS/STEPS	STANDARDS	NO	YES
	4. (C) Writes a memorandum explaining the policy with justifications		
	5. (C) Describes the plan to accomplish the change in the organization due to the new policy and how the change is to be implemented		
	6. (C) Clearly communicates in writing		

### **Test 3-B - Administration - Developing a Budget - (Portfolio Item)**

#### **Description**

Develop a project or divisional budget, given schedules and guidelines concerning its preparation, so that capital, operating, and personnel costs are determined and justified.

Describe the process of purchasing, including soliciting and awarding bids, given established specifications, in order to ensure competitive bidding.

#### **Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.4.2, 5.4.3

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

#### **Directions to the Candidate**

The candidate shall have prepared a budget for a departmental project which is properly formatted and accompanied by supporting data.

The candidate shall have used department records, policies, procedures or guidelines to develop the project budget.

The candidate shall also provide a written description of their organization and/or municipality's process of purchasing, including soliciting and awarding bids in order to ensure competitive bidding.

*Total Station Time: 15 Minutes*

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.4.2 Develop A Project Or Divisional Budget</b>		
	<b>5.4.3 Describe The Process Of Purchasing</b>		
	1. <b>(C)</b> Prepares a worksheet that includes a list of expenses related to the project (new costs, ongoing expenses, non-personnel costs, personnel costs)		
	2. <b>(C)</b> Completes the budget narrative to explain line items in the budget		
	3. <b>(C)</b> Describes the approved purchasing process for the equipment, including soliciting and awarding bids		
	4. <b>(C)</b> Clearly communicates in writing		

### **Test 3-C - Administration - Prepare a News Release - (Portfolio Item)**

#### **Description**

Prepare a news release, given an event or topic, so that the information is accurate and formatted correctly.

#### **Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.4.4

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

#### **Directions to the Candidate**

The candidate will have prepared a news/press release for an incident and/or event for their organization, so that the information is appropriate, accurate, and formatted correctly.

The candidate may use their own department's news/press release form, the form provided, or create their own form using the criteria in the evaluation checklist. A narrative must be included on the form used.

***Total Station Time: 15 Minutes***

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.4.4 Prepare a News Release</b>		
	1. <b>(C)</b> Summarize the story in the first paragraph of the narrative		
	2. <b>(C)</b> Answer the questions: who, what, when, where, and why		
	3. <b>(C)</b> Keep sentences short and limits paragraphs to four or five lines		
	4. <b>(C)</b> Clearly communicates in writing		

## **Test 4-A - Health and Safety - (Portfolio Item)**

### **Description**

Analyze a member's accident, injury, or health exposure history, given a case study, so that a report including action taken and recommendations made is prepared for a supervisor.

### **Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.7.1

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

### **Directions to the Candidate**

The candidate shall have examined a case study of a member's accident, injury, health exposure, and prepared a written report for a supervisor. The case study of a member will be provided to the candidate by the course instructor during the course.

The candidate shall prepare a written report/memorandum to their supervisor as a part of the portfolio and shall bring the portfolio with the report to the practical exam to be used for this test station.

The report shall identify unsafe environments and behaviors, document action taken, and make recommendations to prevent reoccurrences.

Report will be typed on department letterhead as a memorandum.

*Total Station Time: 15 Minutes*

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.7.1 Analyze a Member's Injury, Accident and Exposure Report</b>		
	1. (C) Completes a memorandum for their supervisor		
	2. (C) Describes the individual's accident, injury, or health exposure history		
	3. (C) Provides conclusions and recommendations		
	4. (C) Suggests implementation of changes (if needed)		
	5. (C) Clearly communicates in writing		

## **Test 5-A(1) - Emergency Service Delivery - Produce an Operational Plan**

### **Description**

Produce operational plans, given an emergency incident requiring multi-unit and multi-agency operations, the current edition of NFPA 1600, and AHJ-approved safety procedures, so that required resources and their assignments are obtained and plans are carried out in compliance with NFPA 1600 and approved safety procedures resulting in the mitigation of the incident.

### **Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.6.1

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

### **Directions to the Candidate**

The candidate, acting as the Incident Commander shall produce an operational plan. The candidate will be given an emergency incident requiring multi-unit and multi-agency operations, so that required resources, their assignments, and safety considerations for successful control of the incident are identified.

#### **Part A: (Candidate must successfully complete this section before moving on to Part B)**

- The candidate will be evaluated on the operational plan they developed for the scenario. This process should not last longer than five minutes and should include:
  - First In Report and Assumption of Command
  - Assignment of tasks (staging, water supply, Command Center, etc.)
  - Placement of initial apparatus to accomplish goals/objectives of the action plan
  - Determining the need and request additional resources as necessary

#### **Part B:**

- This incident will continue to grow and you (the candidate) are the Incident Commander
- You are to verbalize the operational plan for the next four hours which will include the establishment of:
  - Five functional areas of ICS (Command, operations, planning, logistics, finance)
  - Command Staff (Safety, Liaison, PIO, Scribe)
  - Divisions
  - Groups
  - Other sections as established by NIMS
  - Activate the Emergency Operations Center (EOC)

***Total Station Time: 15 Minutes***

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.6.1 Produce An Operational Plan</b>		
	1. <b>(C)</b> Fulfilled duties and responsibilities according to his or her assigned position in the incident management system		
	2. <b>(M)</b> Supervised and accounted for assigned personnel		
	3. <b>(C)</b> Identified the required resources		

ELEMENTS/STEPS	STANDARDS	NO	YES
	4. (M) Implemented ICS (NIMS) functions		
	5. (M) Identified safety considerations for successful incident control		
	6. (C) Produced and verbally presented an appropriate operational plan		
	7. (C) Followed standard operating procedures		

**Test 5-A(2) - Emergency Service Delivery -  
Develop and Conduct a Post-Incident Analysis**

**Description**

Develop and conduct a post-incident analysis, given multi-unit and multi-agency incident and post-incident analysis policies, procedures, and forms, so that all required critical elements are identified and communicated and the approved forms are completed and processed.  
(NFPA 1021 5.6.2)

**Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.6.2

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

**Equipment Required**

Post-Incident Analysis Form

**Directions to the Candidate**

Following departmental or agency policies and procedures, the candidate shall use the previous scenario (Test 5-A(1)) to develop a post-incident analysis. All key components of the post-incident analysis must be appropriately addressed. The candidate shall answer questions by the evaluator pertaining to sections of the Post-incident Analysis Form.

*Total Station Time: 15 Minutes*

***Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General***

ELEMENTS/STEPS	STANDARDS	NO	YES
	<b>5.6.2 Develop And Conduct A Post-Incident Analysis</b>		
	1. <b>(C)</b> Answered post-incident analysis questions that addressed the critical elements		
	2. <b>(M)</b> Evaluated overall skill performance of the units during the incident		
	3. <b>(C)</b> Verbally communicated the above key points to the examiner		

## **Test 5-B - Emergency Service Delivery - Service Demands - (Portfolio Item)**

### **Description**

Prepare a written report, given incident reporting data from the jurisdiction, so that the major causes for service demands are identified for various planning areas within the service area of the organization.

### **Performance Evaluation Guidelines**

NFPA 1021, 2014 - JPR 5.6.3

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### **Directions to the Candidate**

The candidate shall have reviewed the reporting data from their jurisdiction for the last three years and completed a memorandum to the chief. The memorandum shall explain the major causes for service demands and identify any areas where the department should begin to plan for changes in service.

*Total Station Time: 15 Minutes*

*Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General*

<b>ELEMENTS/STEPS</b>	<b>STANDARDS</b>	<b>NO</b>	<b>YES</b>
	<b>5.6.3 Prepare A Written Report Covering Service Demands</b>		
	1. <b>(C)</b> Prepares the memorandum to the chief in clear and understandable terms		
	2. <b>(C)</b> Explains the major causes for service demands in the jurisdiction		
	3. <b>(C)</b> Describes areas where the department should plan for any change in services		
	4. <b>(C)</b> Clearly communicates in writing		

**Test 6-A - Inspection and Investigation - Determine the Point of Origin and Preliminary Cause of Fire**

**Description**

Determine the point of origin and preliminary cause of a fire, given a fire scene, photographs, diagrams, pertinent data and/or sketches, to determine if arson is suspected so that law enforcement action is taken. (NFPA 1021 5.5.1)

**Performance Evaluation Guidelines**

NFPA 1021, 2014 – JPR 5.5.1

Jones and Bartlett Fire Officer Principles and Practice, Enhanced 3rd Edition

**Directions to the Candidate**

Given a fire scenario, photographs, and pertinent data, the candidate shall determine the point of origin, preliminary cause of the fire, and determine if arson is suspected. The candidate shall verbally explain their findings to the evaluator.

*Total Station Time: 15 Minutes*

*Passing Criteria (Failures): 1 Critical, 2 Major, 3 General or combination of 3 Major/General*

ELEMENTS/STEPS	STANDARDS	NO	YES
	<b>5.5.1 Determine the Point of Origin and Preliminary Cause of a Fire</b>		
	1. (M) Identifies the area with the greatest fire damage		
	2. (C) Identifies area of origin		
	3. (C) Identifies the material first ignited		
	4. (M) Identifies ignition source		
	5. (M) Identifies a preliminary fire cause		
	6. (C) Determines if there is a need for an investigator		

### **Fire Officer II Portfolio Checklist**

<b>PORTFOLIO REQUIREMENTS</b>	<b>INSTRUCTOR INITIALS</b>
<b>Community and Government Relations -</b> 5.3.1 Explain the benefits to the organization with allied organizations (Memo to Chief)	
<b>Administration -</b> 5.4.1 Develop a policy or procedure (New Policy Form)	
5.4.2 Develop a budget (Budget Form)	
5.4.3 Describe the process of purchasing, soliciting and awarding bids (Written Description of Purchasing Process)	
5.4.4 Prepare a news release (News Release Form)	
5.4.5 Prepare a report to supervisor on trends, variances, or other related topics (Memo to Chief)	
5.4.6 Develop a plan to accomplish change in the organization (Memo to Chief)	
<b>Emergency Service Delivery -</b> 5.6.3 Prepare a written report identifying service demands (Memo to Chief)	
<b>Health and Safety -</b> 5.7.1 Analyze a member's accident, injury, or health exposure history (Written report to the Chief)	
<b>Five-page paper on Mentoring project and on at least two JPRs.</b>	

Instructor Signature \_\_\_\_\_

Instructor (please print) \_\_\_\_\_

Date \_\_\_\_\_

### **Any Town Fire Department Firefighter Performance Evaluation**

Name:		Date:	
Evaluation Period: _____ to _____ Evaluation Type Annual  Enter the appropriate number in the box after each of the following categories:  (1) Unsatisfactory (2) Needs Improvement (3) Satisfactory (4) Above Average (5) Excellent			
<b>Teamwork</b>			
Works well with other firefighters and officers. Actively solicits input from team members, seeks to understand and improve their own unique strengths, engages others in discovering the best solution to problems. Is receptive to points of view that may differ from his/her own. Seeks to work collaboratively to achieve the best outcome for all concerned. Places the success and recognition of the team above personal gain.			
<b>Job Knowledge/Technical Competence</b>			
Possesses sufficient knowledge and skills to perform all parts of the job effectively and efficiently, safely, and independently. Willing to acquire new and develop current knowledge critical to effective future performance. Understands fire department policies and regulations.			
<b>General Firefighting Knowledge</b>			
Knowledge of firefighting tactics and strategy, ventilation, overhaul, EMS, etc.			
<b>Training</b>			
Attends and participates in training classes and evolutions and demonstrates his understanding and knowledge of expected training outcomes. Takes the initiative to assist with training as needed. Meets the required number and types of drills.			
<b>Emergency Work</b>			
Ability to follow orders and work with initiative when appropriate on emergency incidents.			
<b>Attitude/Cooperation</b>			
Attitude toward the job, supervisor(s) and department administration, training, etc. Supports department goals and objectives.			
<b>Attendance</b>			
Willingness to work extra time to accomplish tasks. Meets the minimum participation requirements.			
<b>Fire Department Manuals/Records and Reports</b>			
Knowledge of procedures, rules and regulations, guidelines for special emergencies, training manuals, etc. Degree of accuracy, thoroughness, neatness and punctuality in maintaining records and making out reports.			

Describe the employee's greatest strengths in performing his/her job, plus any additional comments on strengths using bullet points.		
Describe the area in which the employee's self-improvement efforts would be most beneficially directed, plus any additional comments to help the employee toward reaching his/her potential. Comments may be positive in nature rather than critical.		
List any specific outstanding contributions the employee has made in the past year.		
Recommended professional development plan.		
Issues to discuss in conference with employee.		
<b>Employee Signature:</b>	<b>Date:</b>	<b>Score:</b>
<b>Reviewing Officer:</b>	<b>Date:</b>	
<b>Deputy Fire Chief:</b>	<b>Date:</b>	
<b>Fire Chief:</b>	<b>Date:</b>	

**5.4.2** Develop a project or divisional budget, given schedules and guidelines concerning its preparation, so that capital, operating, and personnel costs are determined and justified.

<b>FIRE DEPARTMENT PROJECT BUDGET WORKSHEET</b>			
Project Title:			
Prepared by:		Date:	
<b>Expenses</b>			
<b>Equipment</b>	<b>Cost</b>	<b>No.</b>	<b>Total Cost</b>
<b>Office Supplies</b>	<b>Cost</b>	<b>No.</b>	<b>Total Cost</b>
<b>Personnel Costs</b>			
<b>Travel Costs</b>			
<b>Professional Development &amp; Training</b>			
<b>Total Costs</b>			

**Pre-Incident Planning Report**

**FIRE DEPARTMENT PROJECT BUDGET NARRATIVE**

## **MEMORANDUM**

Date:

To:

From:

**Develop a Policy and Prepare Report with a Plan for Change**

Policy #:	Effective Date:
Policy Title:	
Policy Statement:	

**Post-Incident Analysis**

Incident Date:	Incident Location:
<input type="checkbox"/> Offensive <input type="checkbox"/> Defensive <input type="checkbox"/> Marginal <input type="checkbox"/> Working Fire <input type="checkbox"/> Smoke Condition	
Other:	
Describe building occupancy conditions on arrival and action taken:	
Describe effectiveness of operation:	
Describe special considerations (hazardous materials, rescue, welfare efforts, injuries):	

**Post-Incident Analysis - Page 2**

Describe salvage/overhaul operations:

Describe condition of scene for investigator or occupant:

*ITEMS REQUIRING ATTENTION:*

- |  |   |                                      |                                   |
|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Procedures          | <input type="checkbox"/> Dispatch/Response  | <input type="checkbox"/> Apparatus   | <input type="checkbox"/> Training |
| <input type="checkbox"/> Equipment           | <input type="checkbox"/> General Operations | <input type="checkbox"/> Evaluations | <input type="checkbox"/> Command  |
| <input type="checkbox"/> Protective Clothing |   |                                      |                                   |

What operations would you change?

What operations worked well? Why?

**HOMETOWN FIRE DEPARTMENT PRESS RELEASE**

**RELEASE PREPARED BY:**

**FOR ADDITIONAL INFORMATION, CONTACT:**

**INCIDENT TYPE:**

**LOCATION:**

**DATE/TIME OF INCIDENT:**

**OWNER/OCCUPANT:**

**INJURIES:**

**ESTIMATED LOSS:**

**CAUSE/ORIGIN:**

**OTHER AGENCIES INVOLVED:**

**INCIDENT NARRATIVE:**

## Samples of Worker's Compensation Forms

WORKER'S COMPENSATION <b>FIRST NOTIFICATION OF INJURY FORM</b>		TO BE COMPLETED BY THE SUPERVISOR																									
<b>SUPERVISOR'S REPORT</b>		<b>EMPLOYEE#1 – Injury #1</b>																									
INJURED PERSON: <span style="border: 1px solid black; padding: 2px;">Robert Smith</span>		DATE: <span style="border: 1px solid black; padding: 2px;">10-30-16</span>																									
NAME AND POSITION OF PERSON PREPARING REPORT: <span style="border: 1px solid black; padding: 2px;">Lt. Dave Jones</span>		<div style="text-align: right;"> <input checked="" type="checkbox"/> EMPLOYEE                               <input type="checkbox"/> VISITOR                               <input type="checkbox"/> VOLUNTEER                         </div>																									
DEPARTMENT: <span style="border: 1px solid black; padding: 2px;">Fire</span>		SUPERVISOR'S PHONE NUMBER: <span style="border: 1px solid black; padding: 2px;">606-555-5555</span>																									
DATE OF INJURY: <span style="border: 1px solid black; padding: 2px;">10-30-16</span>		TIME OF INJURY: <span style="border: 1px solid black; padding: 2px;">830</span> <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> AM  <input type="checkbox"/> PM                 </div>																									
ADDRESS OF ACCIDENT: <span style="border: 1px solid black; padding: 2px;">Fire Station #1</span>		LEFT WORK? (CLICK) <span style="border: 1px solid black; padding: 2px;">YES</span> <span style="border: 1px solid black; padding: 2px; color: red;">NO</span>																									
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.	Checking Equipment on Ambulance																										
HOW DID THE ACCIDENT OCCUR?	While taking the cot out of the ambulance FF Smith caught his finger in the bar on the side of the cot.																										
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB? <span style="border: 1px solid black; padding: 2px;">10</span> DAYS <span style="border: 1px solid black; padding: 2px;">6</span> MONTHS <span style="border: 1px solid black; padding: 2px;">4</span> YEARS																											
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?	None																										
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK) <span style="border: 1px solid black; padding: 2px; color: green;">YES</span> <span style="border: 1px solid black; padding: 2px;">NO</span>																											
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?																											
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK) <span style="border: 1px solid black; padding: 2px; color: green;">YES</span> <span style="border: 1px solid black; padding: 2px; color: red;">NO</span>																											
IF YES, WHAT IS THE CONDITION? <span style="border: 1px solid black; display: inline-block; width: 500px; height: 20px;"></span>																											
HOW COULD THIS ACCIDENT BEEN PREVENTED?	Remove cot from ambulance slower and ask for help if necessary																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)</th> <th style="text-align: center; padding: 5px;">YES</th> <th style="text-align: center; padding: 5px;">NO</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">REINSTRUCTION OF PERSON(S) INVOLVED?</td> <td style="text-align: center;"><span style="color: green;">YES</span></td> <td style="text-align: center;"><span style="color: red;">NO</span></td> </tr> <tr> <td style="padding: 5px;">EQUIPMENT REPAIR/REPLACEMENT?</td> <td style="text-align: center;"><span style="color: green;">YES</span></td> <td style="text-align: center;"><span style="color: red;">NO</span></td> </tr> <tr> <td style="padding: 5px;">IMPROVED PERSONAL PROTECTION EQUIPMENT?</td> <td style="text-align: center;"><span style="color: green;">YES</span></td> <td style="text-align: center;"><span style="color: red;">NO</span></td> </tr> <tr> <td style="padding: 5px;">REDUCED CONSTRUCTION?</td> <td style="text-align: center;"><span style="color: green;">YES</span></td> <td style="text-align: center;"><span style="color: red;">NO</span></td> </tr> <tr> <td style="padding: 5px;">IMPROVED DESIGN/CONSTRUCTION?</td> <td style="text-align: center;"><span style="color: green;">YES</span></td> <td style="text-align: center;"><span style="color: red;">NO</span></td> </tr> <tr> <td style="padding: 5px;">DISCIPLINE OF PERSON(S) INVOLVED?</td> <td style="text-align: center;"><span style="color: green;">YES</span></td> <td style="text-align: center;"><span style="color: red;">NO</span></td> </tr> <tr> <td colspan="3" style="padding: 5px;">                             OTHER: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span> </td> </tr> </tbody> </table>				CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)	YES	NO	REINSTRUCTION OF PERSON(S) INVOLVED?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>	EQUIPMENT REPAIR/REPLACEMENT?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>	IMPROVED PERSONAL PROTECTION EQUIPMENT?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>	REDUCED CONSTRUCTION?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>	IMPROVED DESIGN/CONSTRUCTION?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>	DISCIPLINE OF PERSON(S) INVOLVED?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>	OTHER: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span>		
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)	YES	NO																									
REINSTRUCTION OF PERSON(S) INVOLVED?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>																									
EQUIPMENT REPAIR/REPLACEMENT?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>																									
IMPROVED PERSONAL PROTECTION EQUIPMENT?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>																									
REDUCED CONSTRUCTION?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>																									
IMPROVED DESIGN/CONSTRUCTION?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>																									
DISCIPLINE OF PERSON(S) INVOLVED?	<span style="color: green;">YES</span>	<span style="color: red;">NO</span>																									
OTHER: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span>																											
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:		Discussed with FF Smith the need to slow down when moving equipment and to be careful with hand placement.																									

TO BE COMPLETED BY THE INJURED EMPLOYEE

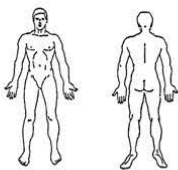
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
-------------------------	------------------	--------------------

ACCIDENT INFORMATION

DATE OF INJURY: 10-30-16	TIME OF INJURY: 8:30 am	DATE REPORTED: 10-30-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:	I was removing the cot from the ambulance while doing vehicle checks and I caught my finger on the side rail of the cot.	
WITNESS?: FF Charles Pierce	DID YOU WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS:
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
DATE: 10-30-16	SIGNATURE: Robert Smith	

EMPLOYER SECTION:

PLEASE CHECK ONE:	IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON
EMPLOYEE HAS NOT MISSED TIME FROM WORK <input checked="" type="checkbox"/>	AUTHORIZED OFF WORK <input type="checkbox"/>
EMPLOYEE IS OFF WORK <input type="checkbox"/>	WORK RESTRICTIONS <input type="checkbox"/>
PLEASE SUBMIT REPORT TO:	
MUNICIPALITY:	
NAME:	
PHONE:	
FAX:	
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE	
SUPERVISOR OR HR REPRESENTATIVE:	PHONE:

## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #1 – Injury #2

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 11-15-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 11-15-16		TIME OF INJURY: 130	LEFT WORK? (CLICK) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ADDRESS OF ACCIDENT: Fire Station #1				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.		Washing Engine #2 in apparatus bay		
HOW DID THE ACCIDENT OCCUR?		While washing Engine #2 in bay I slipped on floor behind the rig and twisted my left leg.		
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB?		10 DAYS 7 MONTHS 4 YEARS		
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?		Rubber boots		
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK)		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?		He was not wearing his boots and only had on his street shoes.		
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK)		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, WHAT IS THE CONDITION?				
HOW COULD THIS ACCIDENT BEEN PREVENTED?		By wearing his boots which should have reduced the possibility of slipping		
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)		DATE: 11-15-16		
REINSTRUCTION OF PERSON(S) INVOLVED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
EQUIPMENT REPAIR/REPLACEMENT?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IMPROVED PERSONAL PROTECTION EQUIPMENT?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
REDUCED CONSTRUCTION?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IMPROVED DESIGN/CONSTRUCTION?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DISCIPLINE OF PERSON(S) INVOLVED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
OTHER:				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:		In the future FF Smith should wear his firefighting boots when washing vehicles in order to reduce the possibility of slipping on the wet floor.		

TO BE COMPLETED BY THE INJURED EMPLOYEE

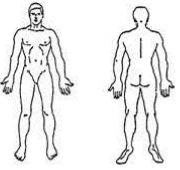
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 11-15-16	TIME OF INJURY: 1:30pm	DATE REPORTED: 11-15-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
<p>IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:</p> <p>While washing Engine #2 in the bay I slipped on the wet floor and twisted my left leg.</p>		
WITNESS?: FF Charles Pierce	DID YOU WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS:
<p>I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE</p> <p>DATE: 11-15-16 SIGNATURE: Robert Smith</p>		

EMPLOYER SECTION:

PLEASE CHECK ONE:	IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON
EMPLOYEE HAS NOT MISSED TIME FROM WORK <input checked="" type="checkbox"/>	AUTHORIZED OFF WORK <input type="checkbox"/>
EMPLOYEE IS OFF WORK <input type="checkbox"/>	WORK RESTRICTIONS <input type="checkbox"/>
PLEASE SUBMIT REPORT TO:	
MUNICIPALITY:	
NAME:	
PHONE:	
FAX:	
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE	
SUPERVISOR OR HR REPRESENTATIVE:	PHONE:

## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #1 – Injury #3

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 12-28-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 12-28-16		TIME OF INJURY: 9:20	LEFT WORK? (CLICK) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ADDRESS OF ACCIDENT: Fire Station #1y				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.		Injury occurred while cleaning the compartments of Engine #2 with an air hose.		
HOW DID THE ACCIDENT OCCUR?		While the cleaning the compartments of Engine #2 with an air hose FF Smith got debris in his right eye.		
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB? 10 DAYS 8 MONTHS 4 YEARS				
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?		Safety Glasses		
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?		He was not wearing safety glasses while using an air hose to clean the compartments and he stated he forgot to wear them		
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, WHAT IS THE CONDITION?		Not wearing safety glasses		
HOW COULD THIS ACCIDENT BEEN PREVENTED?		By wearing safety glasses getting debris in his eye could have been prevented.		
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)				
REINSTRUCTION OF PERSON(S) INVOLVED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DATE: 12-28-16	
EQUIPMENT REPAIR/REPLACEMENT?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
IMPROVED PERSONAL PROTECTION EQUIPMENT?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
REDUCED CONSTRUCTION?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
IMPROVED DESIGN/CONSTRUCTION?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
DISCIPLINE OF PERSON(S) INVOLVED?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
OTHER:				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:		In the future FF Smith should wear his safety glasses when using an air hose to clean vehicle compartments in order to prevent getting debris in his eyes.		

TO BE COMPLETED BY THE INJURED EMPLOYEE

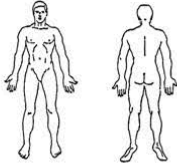
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 12-28-16	TIME OF INJURY: 9:20 am	DATE REPORTED: 12-28-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:	While cleaning the compartments on Engine #2 with an air hose I got some debris in my right eye.	
WITNESS?: FF Charles Pierce	DID YOU WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS:
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
DATE: 12-28-16	SIGNATURE: Robert Smith	

EMPLOYER SECTION:

PLEASE CHECK ONE:	IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON
EMPLOYEE HAS NOT MISSED TIME FROM WORK <input checked="" type="checkbox"/>	AUTHORIZED OFF WORK <input type="checkbox"/>
EMPLOYEE IS OFF WORK <input type="checkbox"/>	WORK RESTRICTIONS <input type="checkbox"/>
PLEASE SUBMIT REPORT TO:	
MUNICIPALITY:	
NAME:	
PHONE:	
FAX:	
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE	
SUPERVISOR OR HR REPRESENTATIVE:	PHONE:

## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #2 Injury #1

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 9-30-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 9-30-16	TIME OF INJURY: 8:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LEFT WORK? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF ACCIDENT: Fire Station #1				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.	While preparing breakfast FF Smith burned his right hand slightly.			
HOW DID THE ACCIDENT OCCUR?	While the preparing breakfast FF Smith was moving a hot pan off of the stove and burned his right hand (minor burn)			
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB?	10	DAYS	0	MONTHS
			2	YEARS
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?	Oven Gloves			
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?	He was not using the oven gloves or hot pads as required.			
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHAT IS THE CONDITION?	Not using oven gloves or hot pads as required.			
HOW COULD THIS ACCIDENT BEEN PREVENTED?	By using oven gloves or hot pads he could have prevented the minor burns he received.			
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)		YES	NO	DATE: 9-30-16
REINSTRUCTION OF PERSON(S) INVOLVED?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT REPAIR/REPLACEMENT?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED PERSONAL PROTECTION EQUIPMENT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
REDUCED CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED DESIGN/CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
DISCIPLINE OF PERSON(S) INVOLVED?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
OTHER:				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:	In the future FF Smith should use oven gloves or hot pads to move hot cooking utensils in the kitchen.			

TO BE COMPLETED BY THE INJURED EMPLOYEE

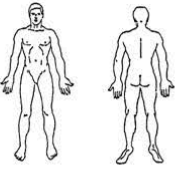
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 9-30-16	TIME OF INJURY: 9:30 am	DATE REPORTED: 9-30-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:	While preparing breakfast I moved a small frying pan and received minor burns on my right hand.	
WITNESS?: FF Charles Pierce	DID YOU WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS:
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
DATE: 9-30-16	SIGNATURE: Robert Smith	

EMPLOYER SECTION:

PLEASE CHECK ONE:

EMPLOYEE HAS NOT MISSED TIME FROM WORK



EMPLOYEE IS OFF WORK



IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON

AUTHORIZED OFF WORK



WORK RESTRICTIONS



PLEASE SUBMIT REPORT TO:

MUNICIPALITY:

NAME

PHONE

FAX

PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE

SUPERVISOR OR HR REPRESENTATIVE:

PHONE:

## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #2 – Injury #2

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 10-27-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 10-27-16	TIME OF INJURY: 1:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LEFT WORK? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF ACCIDENT: Fire Station #1				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.	While on an ambulance call FF Smith hurt his back while lifting a patient.			
HOW DID THE ACCIDENT OCCUR?	While on an ambulance call FF Smith hurt his back while lifting a 300 pound patient. The ambulance crew was lifting the patient from the floor of the garage where he had fallen.			
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB?	10	DAYS	2	MONTHS
			2	YEARS
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?	Call for additional Fire Department assistance and personnel to help with lifting.			
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?	FF Smith should have requested additional fire department personnel to respond to the scene to help lift the patient.			
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHAT IS THE CONDITION?	Did not request additional resources to help lift the patient.			
HOW COULD THIS ACCIDENT BEEN PREVENTED?	By using requesting additional fire department resources to help lift the patient perhaps a back injury could have been prevented.			
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)		YES	NO	DATE: 10-27-16
REINSTRUCTION OF PERSON(S) INVOLVED?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT REPAIR/REPLACEMENT?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED PERSONAL PROTECTION EQUIPMENT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
REDUCED CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED DESIGN/CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
DISCIPLINE OF PERSON(S) INVOLVED?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
OTHER:				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:	In the future FF Smith should request additional personnel to help lift heavy patients.			

TO BE COMPLETED BY THE INJURED EMPLOYEE

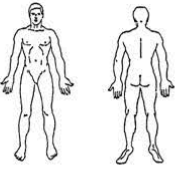
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 10-27-16	TIME OF INJURY: 1:20 pm	DATE REPORTED: 10-27-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:	While on an ambulance call, we had a patient that weighted about 300 pounds and when we attempted to lift him off the floor and onto the cot I felt something pull in my back.	
WITNESS?: FF Charles Pierce	DID YOU WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS: When lifting I felt a sharp pain in the lower middle back. It feels better now.
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
DATE: 10-27-16	SIGNATURE: Robert Smith	

EMPLOYER SECTION:

PLEASE CHECK ONE:	IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON
EMPLOYEE HAS NOT MISSED TIME FROM WORK <input checked="" type="checkbox"/>	AUTHORIZED OFF WORK <input type="checkbox"/>
EMPLOYEE IS OFF WORK <input type="checkbox"/>	WORK RESTRICTIONS <input type="checkbox"/>
PLEASE SUBMIT REPORT TO:	
MUNICIPALITY:	
NAME:	
PHONE:	
FAX:	
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE	
SUPERVISOR OR HR REPRESENTATIVE:	PHONE:

## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #2 – Injury #3

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 11-30-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 11-30-16		TIME OF INJURY: 02:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LEFT WORK? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>
ADDRESS OF ACCIDENT: Fire Station #1				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.		While testing hose at Station #1 FF Smith was struck on the head by a section of 2 and 1/2 inch hose that burst and starting flying around.		
HOW DID THE ACCIDENT OCCUR?		While testing hose at Station #1 FF Smith was struck by a section of hose that burst and separated from the hose lay. The hose struck him on the head, but he states he is fine and does not need to seek medical help.		
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB? 10 DAYS 3 MONTHS 2 YEARS				
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?		FF Smith should have been wearing all of his PPE including his helmet. At the time he was only wearing his turnout pants and boots.		
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>				
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?		FF Smith should have been wearing all of his PPE, but was only wearing his turnout pants and boots. He was not wearing his helmet.		
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>				
IF YES, WHAT IS THE CONDITION?				
HOW COULD THIS ACCIDENT BEEN PREVENTED?		By wearing all of his protective equipment or at least his pants, boots and helmet the injury may have been prevented.		
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/> DATE: 11-30-16				
REINSTRUCTION OF PERSON(S) INVOLVED?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT REPAIR/REPLACEMENT?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED PERSONAL PROTECTION EQUIPMENT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
REDUCED CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED DESIGN/CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
DISCIPLINE OF PERSON(S) INVOLVED?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
OTHER:				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:		In the future FF Smith should wear his PPE as required.		

TO BE COMPLETED BY THE INJURED EMPLOYEE

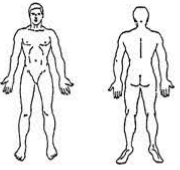
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 11-30-16	TIME OF INJURY: 2:30 pm	DATE REPORTED: 11-30-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:	While testing hose at Station #1 a hose coupling broke and the 2 and 1/2 inch came loose and starting flying around and I was struck on the top of the head.	
WITNESS?: FF Charles Pierce	DID YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS: I was struck by the hose on the top of the head, but I am doing fine and did not seek medical attention.
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
DATE: 11-30-16	SIGNATURE: Robert Smith	

EMPLOYER SECTION:

PLEASE CHECK ONE:	IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON
EMPLOYEE HAS NOT MISSED TIME FROM WORK <input checked="" type="checkbox"/>	AUTHORIZED OFF WORK <input type="checkbox"/>
EMPLOYEE IS OFF WORK <input type="checkbox"/>	WORK RESTRICTIONS <input type="checkbox"/>
PLEASE SUBMIT REPORT TO:	
MUNICIPALITY:	
NAME:	
PHONE:	
FAX:	
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE	
SUPERVISOR OR HR REPRESENTATIVE:	PHONE:

## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #3 – Injury #1

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 9-4-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER																																	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones																																				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555																																		
DATE OF INJURY: 9-4-16		TIME OF INJURY: 02:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LEFT WORK? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																
ADDRESS OF ACCIDENT: Fire Station #1																																				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.		While mowing the grass at Station #1 FF Smith got grass clippings in his left eye.																																		
HOW DID THE ACCIDENT OCCUR?		While mowing the lawn at Station #1 FF Smith got grass clippings in his left eye caused by the sudden increase in wind speed.																																		
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB? 10 DAYS 0 MONTHS 2 YEARS																																				
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?		FF Smith should have been wearing PPE including eye protection. At the time he was only wearing his boots and gloves with a FD baseball cap.																																		
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																				
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?		FF Smith should have been wearing his eye protection.																																		
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																				
IF YES, WHAT IS THE CONDITION? Wind conditions																																				
HOW COULD THIS ACCIDENT BEEN PREVENTED?		By wearing all of his eye protection this injury may have been prevented.																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)</th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 20%;">DATE: 9-4-16</th> </tr> </thead> <tbody> <tr> <td>REINSTRUCTION OF PERSON(S) INVOLVED?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>EQUIPMENT REPAIR/REPLACEMENT?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>IMPROVED PERSONAL PROTECTION EQUIPMENT?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>REDUCED CONSTRUCTION?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>IMPROVED DESIGN/CONSTRUCTION?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>DISCIPLINE OF PERSON(S) INVOLVED?</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">OTHER:</td> </tr> </tbody> </table>					CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)	YES	NO	DATE: 9-4-16	REINSTRUCTION OF PERSON(S) INVOLVED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EQUIPMENT REPAIR/REPLACEMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		IMPROVED PERSONAL PROTECTION EQUIPMENT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		REDUCED CONSTRUCTION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		IMPROVED DESIGN/CONSTRUCTION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		DISCIPLINE OF PERSON(S) INVOLVED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		OTHER:			
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)	YES	NO	DATE: 9-4-16																																	
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OTHER:																																				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:		In the future FF Smith should wear his PPE as required.																																		

TO BE COMPLETED BY THE INJURED EMPLOYEE

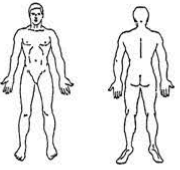
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 9-4-16	TIME OF INJURY: 2:30 pm	DATE REPORTED: 9-4-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
<p>IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:</p> <p>While cutting the lawn at Station #1 the wind increased rather quickly and grass clippings blew into my eyes.</p>		
WITNESS?: FF Charles Pierce		DID YOU WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>
IF YES, PLEASE PROVIDE	CLINIC:	
PHYSICIAN:	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		<p>DESCRIBE SYMPTOMS:</p> <p>I have some small pieces of grass clippings in my eyes, but I am doing fine and did not seek medical attention.</p>
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
DATE: 9-4-16	SIGNATURE: Robert Smith	

EMPLOYER SECTION:

PLEASE CHECK ONE:

EMPLOYEE HAS NOT MISSED TIME FROM WORK



EMPLOYEE IS OFF WORK



IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON

AUTHORIZED OFF WORK

☐

WORK RESTRICTIONS

☐

PLEASE SUBMIT REPORT TO:

MUNICIPALITY:	
NAME	
PHONE	
FAX	

PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE

SUPERVISOR OR HR REPRESENTATIVE:	PHONE:
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## WORKER'S COMPENSATION

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #3 – Injury #2

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 11-8-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 11-8-16	TIME OF INJURY: 09:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LEFT WORK? (CLICK) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS OF ACCIDENT: 1100 S Main Street				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.	While overhauling at a fire scene FF Smith had some insulation fall into his eyes.			
HOW DID THE ACCIDENT OCCUR?	While overhauling at a fire scene at 1100 S Main Street FF Smith was using a pike pole to pull ceilings and had some insulation fall into his eyes.			
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB?	10	DAYS	2	MONTHS
			2	YEARS
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?	FF Smith should have been wearing PPE including eye protection. At the time he was wearing his PPE, but he did not have his face shield down to protect his eyes.			
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?	FF Smith should have been wearing his eye protection.			
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHAT IS THE CONDITION?	Structure Fire Conditions			
HOW COULD THIS ACCIDENT BEEN PREVENTED?	By wearing all of his eye protection this injury may have been prevented.			
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)		YES	NO	DATE: 11-8-16
REINSTRUCTION OF PERSON(S) INVOLVED?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
EQUIPMENT REPAIR/REPLACEMENT?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
IMPROVED PERSONAL PROTECTION EQUIPMENT?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
REDUCED CONFINEMENT?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
IMPROVED DESIGN/CONSTRUCTION?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
DISCIPLINE OF PERSON(S) INVOLVED?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
OTHER: <input type="text"/>				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:	In the future FF Smith should wear his PPE including eye protection as required.			

TO BE COMPLETED BY THE INJURED EMPLOYEE

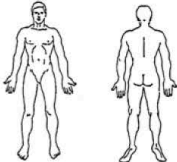
EMPLOYEE INFORMATION

NAME: Robert Smith	SSN: 000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOMEPHONE: 608-555-8888
ADDRESS: 900 Main Street	CITY: Madison	STATE: WI	ZIP: 53707
BIRTHDATE: 8/30/1992			

EMPLOYMENT HISTORY

OCCUPATION: Firefighter	DEPARTMENT: Fire	DATE HIRED: 9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY: 11-8-16	TIME OF INJURY: 9:30 am	DATE REPORTED: 11-8-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones		
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:	While overhauling at a fire scene at 1100 S Main Street FF Smith was using a pike pole to pull ceilings and had some insulation fall into his eyes.	
WITNESS?: FF Charles Pierce	DID WILL YOU SEEK MEDICAL TREATMENT? (CLICK) <input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE PHYSICIAN:	CLINIC:	
	PHYSICIAN:	
	ADDRESS:	
	PHONE:	
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY		DESCRIBE SYMPTOMS: I had some insulation fall into my eyes, but I am doing fine and did not seek medical attention.

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATE: 11-8-16	SIGNATURE: Robert Smith
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EMPLOYER SECTION:

PLEASE CHECK ONE:	IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON
EMPLOYEE HAS NOT MISSED TIME FROM WORK <input checked="" type="checkbox"/>	AUTHORIZED OFF WORK <input type="checkbox"/>
EMPLOYEE IS OFF WORK <input type="checkbox"/>	WORK RESTRICTIONS <input type="checkbox"/>
PLEASE SUBMIT REPORT TO:	
MUNICIPALITY	
NAME	
PHONE	
FAX	
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE	
SUPERVISOR OR HR REPRESENTATIVE:	PHONE:

## FIRST NOTIFICATION OF INJURY FORM

TO BE COMPLETED BY THE SUPERVISOR

Employee #3 – Injury #3

## SUPERVISOR'S REPORT

INJURED PERSON: Robert Smith		DATE: 12-26-16	<input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR <input type="checkbox"/> VOLUNTEER	
NAME AND POSITION OF PERSON PREPARING REPORT: Lt. Dave Jones				
DEPARTMENT: Fire		SUPERVISOR'S PHONE NUMBER: 606-555-5555		
DATE OF INJURY: 12-26-16	TIME OF INJURY: 02:30	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LEFT WORK? (CLICK) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF ACCIDENT: 1100 S Main Street				
WHAT WAS THE EMPLOYEE DOING WHEN INJURED? BE SPECIFIC. PLEASE NAME ANY EQUIPMENT USED.	While extinguishing a vehicle fire FF Smith was overcome with smoke inhalation.			
HOW DID THE ACCIDENT OCCUR?	While extinguishing a vehicle fire FF Smith was overcome with smoke and it was discovered that at the time he was not wearing his SCBA.			
HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB?	10	DAYS	3	MONTHS
			2	YEARS
WHAT SAFETY EQUIPMENT IS REQUIRED ON THE JOB FOR THE WORK BEING PERFORMED?	FF Smith should have been wearing SCBA while extinguishing the vehicle fire.			
WAS THE EMPLOYEE USING ALL REQUIRED SAFETY EQUIPMENT? (CLICK)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHICH SPECIFIC PROTECTIVE EQUIPMENT WAS NOT USED & WHY?	FF Smith should have been wearing self contained breathing apparatus.			
DOES AN UNSAFE CONDITION EXIST THAT CONTRIBUTED TO THE CAUSE? (CLICK)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHAT IS THE CONDITION?	Structure Fire Conditions			
HOW COULD THIS ACCIDENT BEEN PREVENTED?	By wearing his self contained breathing apparatus this injury may have been prevented.			
CORRECTIVE ACTION TAKEN BY SUPERVISOR? (CLICK)		YES	NO	DATE: 12-26-16
REINSTRUCTION OF PERSON(S) INVOLVED?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
EQUIPMENT REPAIR/REPLACEMENT?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED PERSONAL PROTECTION EQUIPMENT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
REDUCED CONFINEMENT?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
IMPROVED DESIGN/CONSTRUCTION?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
DISCIPLINE OF PERSON(S) INVOLVED?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
OTHER: <input type="text"/>				
IN DETAIL, PLEASE EXPLAIN ACTION TAKEN TO PREVENT RECURRENCE:	In the future FF Smith should wear his self contained breathing apparatus while fighting vehicle fires.			

TO BE COMPLETED BY THE INJURED EMPLOYEE

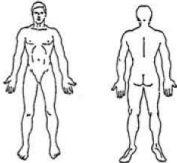
EMPLOYEE INFORMATION

NAME:	Robert Smith	SSN:	000-222-6677	GENDER: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	HOMEPHONE:	608-555-8888	
ADDRESS:	900 Main Street	CITY:	Madison	STATE:	WI	ZIP:	53707
BIRTHDATE:	8/30/1992						

EMPLOYMENT HISTORY

OCCUPATION:	Firefighter	DEPARTMENT:	Fire	DATE HIRED:	9-1-14
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ACCIDENT INFORMATION

DATE OF INJURY:	12-26-16	TIME OF INJURY:	2:30 am	DATE REPORTED:	12-26-16
NAME OF INDIVIDUAL THE INJURY WAS REPORTED TO: Lt Dave Jones					
IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHAT YOU WERE DOING IMMEDIATELY BEFORE THE ACCIDENT AND HOW THE ACCIDENT OCCURRED:		I was on Engine #2 crew extinguishing a vehicle fire when I was overcome by smoke and then needed to be treated with some oxygen by the ambulance crew at the scene.			
WITNESS?: FF Charles Pierce		DID WILL YOU SEEK MEDICAL TREATMENT? (CLICK)		<input type="button" value="YES"/> <input checked="" type="button" value="NO"/>	
IF YES, PLEASE PROVIDE PHYSICIAN:		CLINIC:			
		PHYSICIAN:			
		ADDRESS:			
		PHONE:			
INDICATE ON THE DIAGRAM THE LOCATION OF INJURY				DESCRIBE SYMPTOMS:  The ambulance crew at the scene treated me with some oxygen, but I am doing fine and did not seek medical attention.	
I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE					
DATE: 12-26-16		SIGNATURE: Robert Smith			

EMPLOYER SECTION:

PLEASE CHECK ONE:		IF EMPLOYEE IS OFF WORK, PLEASE INDICATE REASON	
EMPLOYEE HAS NOT MISSED TIME FROM WORK	<input checked="" type="checkbox"/>	AUTHORIZED OFF WORK	<input type="checkbox"/>
EMPLOYEE IS OFF WORK	<input type="checkbox"/>	WORK RESTRICTIONS	<input type="checkbox"/>
PLEASE SUBMIT REPORT TO:			
MUNICIPALITY			
NAME			
PHONE			
FAX			
PLEASE BE SURE TO ATTACH A COPY OF THE PHYSICIAN'S RETURN TO WORK REPORT IF AVAILABLE			
SUPERVISOR OR HR REPRESENTATIVE:		PHONE:	

## **APPENDIX**

## **Firefighter Code of Ethics**

**I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...**

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

**Developed by the National Society of Executive Fire Officers**

## **Firefighter Code of Ethics Background**

The Fire Service is a noble calling, one which is founded on mutual respect and trust between firefighters and the citizens they serve. To ensure the continuing integrity of the Fire Service, the highest standards of ethical conduct must be maintained at all times.

Developed in response to the publication of the [Fire Service Reputation Management White Paper](#), the purpose of this National Firefighter Code of Ethics is to establish criteria that encourages fire service personnel to promote a culture of ethical integrity and high standards of professionalism in our field. The broad scope of this recommended Code of Ethics is intended to mitigate and negate situations that may result in embarrassment and waning of public support for what has historically been a highly respected profession.

Ethics comes from the Greek word ethos, meaning character. Character is not necessarily defined by how a person behaves when conditions are optimal and life is good. It is easy to take the high road when the path is paved and obstacles are few or non-existent. Character is also defined by decisions made under pressure, when no one is looking, when the road contains land mines, and the way is obscured. As members of the Fire Service, we share a responsibility to project an ethical character of professionalism, integrity, compassion, loyalty and honesty in all that we do, all of the time.

We need to accept this ethics challenge and be truly willing to maintain a culture that is consistent with the expectations outlined in this document. By doing so, we can create a legacy that validates and sustains the distinguished Fire Service institution, and at the same time ensure that we leave the Fire Service in better condition than when we arrived.





# WISCONSIN TECHNICAL COLLEGE SYSTEM

The mission of the Wisconsin Technical College System is to provide citizens with comprehensive technical and adult education that

- Enables individuals to acquire the occupational education necessary for full participation and advancement in the workforce;
- Provides remedial and basic skills education to enable individuals to function as literate members of society;
- Fosters economic development through on-site training and technical assistance to business, industry, and labor.
- 



<https://mywtcs.wtcsystem.edu/fire-service>

The mission of Wisconsin Fire Service Education Office is to provide the state's fire service personnel with

- A comprehensive education and training program in fire prevention and protection;
- Certification according to standards established by the National Fire Protection Association.

The Wisconsin Technical College System is in full compliance with state and federal equal opportunity non-discrimination laws and regulations including Title VII of the 1964 Civil Rights Act, Age Discrimination in Employment Act, Title VI of the 1964 Civil Rights Act, Equal Pay Act, Title IX of the 1972 Education Amendments, and Section 504 of the 1973 Rehabilitation Act, Wisconsin Fair Employment Law, Wisconsin Civil Service Law and Executive Orders, the Carl D. Perkins Vocational and Technical Education Act, Adult Education and Family Literacy Act, Workforce Investment Act, the Office of Civil Rights Guidelines for the Elimination of Discrimination in Vocational Education, the Americans with Disabilities Act (ADA), and/or other applicable state or federal legislation. It is the policy of the WTCS not to illegally discriminate on the basis of race, color, creed, national origin, religion, sex, age, disability, arrest record, conviction record, political affiliation, marital status, sexual orientation, and membership in the National Guard, state defense force or any other reserve component of the military forces of the United States, or this state. Inquiries regarding equal opportunity may be directed to the Wisconsin Technical College System, Attention Human Resources Officer, P.O. Box 7874, Madison, Wisconsin 53707-7874, telephone (608) 267-9745 or call the Wisconsin Relay System at 711.