

**SKILLSUSA PENNSYLVANIA
PROOF OF TRAINING FORM**

Firefighting Competition

Note: Failure to complete this form will disqualify the competitor from the competition. Two copies will be required. A copy shall be provided to the competition Chairperson at orientation or on the day of the competition. Review the PA State Scope for instructions. One copy should be placed in the competitor's name badge.

Competitor Name: _____

Check one: ____ Secondary ____ Post-Secondary

School: _____

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the following tools and performance of the job skills which may be included as part of the competition. Every category must be checked to be eligible to compete.

Ability to use the following equipment safely:

- | | |
|--|--|
| <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA) | <input type="checkbox"/> Turnout Gear (TOG) |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Generators |
| <input type="checkbox"/> Ax & Pickax | <input type="checkbox"/> Halligan Bar |
| <input type="checkbox"/> Pike Pole | <input type="checkbox"/> 1 ¾ Charged Hose Line |
| <input type="checkbox"/> Utility Rope | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Hose and Pump Fitting | |

Job skills:

- | | |
|---|---|
| <input type="checkbox"/> Use a SCBA | <input type="checkbox"/> Properly Donn TOG |
| <input type="checkbox"/> Ability to Tie Fire Service Knots | <input type="checkbox"/> Ability to Climb a Ladder Safely |
| <input type="checkbox"/> Extinguish a Fire with a Fire Extinguisher | <input type="checkbox"/> Properly mount a/Dismount Fire Apparatus |

Instructor's signature Print name of instructor Date

Competitor's signature Print name of competitor Date

Reviewed and approved by: _____
 Director/Administrator Date

One copy should be placed in the competitor's name badge.