

**SANDY SPRING VOLUNTEER
FIRE DEPARTMENT, INC.**

Boat Support Performance Objectives

DRIVER / OPERATOR TRAINING PACKET

Version 1- As of June 2018

Trainee Information

I, _____
(candidate name)

have reviewed MCFRS Driver Training Procedure, policy #23-07AMII and understand the requirements and provisions of the policy and any applicable SSVFD policies and procedures.

Signed: _____ Date: _____

Driver's License #: _____

State: _____ Class: _____

Approval to Begin Training

The above named person has completed Section 1 as defined below and may start Section 2

Date: _____

Approving Command Officer: _____
(print name)

Approving Command Officer: _____
(signature)

Section 1: Prerequisites to be completed before a packet is issued:

| Objective | Command Officer (Print / Sign) | Date |
|---|---|-------------|
| At least 6 months of MCFRS affiliation | _____ | _____ |
| Successfully complete the MCFRS EVOC Course | _____ | _____ |
| Certified as EMS Unit Driver / Operator for 6 months. | _____ | _____ |
| IECS certified as an MCFRS EMS I or Firefighter/Rescuer II | _____ | _____ |
| MCFRS or SSVFD Boat Crew Qualified | _____ | _____ |
| Trailer Towing Qualified | _____ | _____ |
| Attain minimum age of 19 years. | _____ | _____ |
| Attach current acceptable official DMV driving record | _____ | _____ |
| DMV driving record review (MUST be done): | | |
| Candidate has less than 5 points on their license AND | | |
| Candidate does not have any of the following offenses | | |
| occurring in the previous two years: | | |
| 1. Conviction of a drug or alcohol-related driving offense | _____ | _____ |
| 2. Refusal to submit to a blood alcohol content test | _____ | _____ |
| 3. Leaving the scene of a collision, as defined by law | _____ | _____ |
| 4. An at-fault fatal collision | _____ | _____ |
| 5. Conviction of a felony involving a motor vehicle | _____ | _____ |
| <i>If the candidate has any of the above, the packet must be approved by the Driver Training Coordinator</i> | | |

A COPY OF THE FIRST TWO PAGES MUST BE PROVIDED TO THE DRIVER TRAINING COORDINATOR

Section 2: Required objectives after packet is issued

| Objective | Driver Training Coordinator (Print / Sign) | Date |
|--|---|-------------|
| Successfully completed the SSVFD Boat Support Driver / Operator practical exams. | _____ | _____ |
| Successfully completed the SSVFD Area Knowledge Exam for SSVFD Boat Support with a passing score of at least 70%. | _____ | _____ |
| Successfully completed at least 2 hour of practical driving experience with the Boat Support: 1 hour on public roadways 1/2 hour off-road in 4 wheel drive mode 1/2 hour trailering | _____ | _____ |
| Successfully completed the current SSVFD administered NFPA 1002 Standards for Boat Support Driver/Operator Qualifications compliant driving evaluation with a passing score of at least 70%. | _____ | _____ |
| Successfully completed the SSVFD written exam for Boat Support driver/operator with a passing score of 70%. | _____ | _____ |

Final Approval

The above named person has successfully completed both sections 1 and 2 as defined below and is approved as an emergency driver/operator on SSVFD Boat Support.

DATE: _____

Approving Driver Training Coordinator: _____
(print name)

Approving Driver Training Coordinator: _____
(signature)

Driver Candidate Requirements

1. Trainee shall demonstrate the proper weekly, daily, and monthly check-out procedures

Instructor Signature: _____

2. Trainee shall demonstrate their knowledge and understanding of all controls, gauges and communications equipment

Instructor Signature: _____

3. Trainee shall perform the following off road evolutions to the satisfaction of the instructor:

| EVOLUTION | INSTRUCTOR SIGNATURE |
|---------------------------------|----------------------|
| Straight Line | _____ |
| Front Alley Dock | _____ |
| Back up (rear) Alley Dock | _____ |
| Offset Alley | _____ |
| Turning Around (3-5 point turn) | _____ |
| Serpentine (forward) | _____ |
| Serpentine (backing) | _____ |
| Diminishing Clearance | _____ |
| Backing Up | _____ |

4. Trainee shall drive in traffic on the specified driving course, with the instructor, demonstrating the ability to handle the vehicle in a safe and controlled manner. While driving the instructor will evaluate the following:

| EVOLUTION | Satisfactory/ Unsatisfactory |
|---|---------------------------------|
| Vehicle Speed – appropriate for conditions, traffic | _____ |
| Braking - smooth | _____ |
| Cornering – smooth turns, slow and steady | _____ |
| Use of mirrors in backing, lane control | _____ |
| Lane control – maintain proper lane position | _____ |
| Overall Evaluation | _____ |

Non-Emergency Driving Evaluation

Trainee shall record a minimum of two (2) hours of non-emergency driving with an approved emergency driver. Evaluator shall indicate satisfactory or unsatisfactory performance. Any unsatisfactory rating must have comments. One (1) hour must be on public roadways, half (1/2) an hour must be off-road in 4 wheel drive mode, and half (1/2) an hour must be trailering on public roadways.

Date: _____ Driving Time: _____ Satisfactory / Unsatisfactory

Off-Road [4 Wheel Drive] / On-Road (no trailer), On-Road (trailing) [CIRCLE ONE]

Evaluator Name: _____ Evaluator Signature: _____

Comments: _____

Date: _____ Driving Time: _____ Satisfactory / Unsatisfactory

Off-Road [4 Wheel Drive] / On-Road (no trailer), On-Road (trailing) [CIRCLE ONE]

Evaluator Name: _____ Evaluator Signature: _____

Comments: _____

Date: _____ Driving Time: _____ Satisfactory / Unsatisfactory

Off-Road [4 Wheel Drive] / On-Road (no trailer), On-Road (trailing) [CIRCLE ONE]

Evaluator Name: _____ Evaluator Signature: _____

Comments: _____

Date: _____ Driving Time: _____ Satisfactory / Unsatisfactory

Off-Road [4 Wheel Drive] / On-Road (no trailer), On-Road (trailing) [CIRCLE ONE]

Evaluator Name: _____ Evaluator Signature: _____

Comments: _____
