



# Scarborough Fire Department

## Scarborough, Maine



### Standard Operating Procedures

<b>Book:</b>	<b>Organization</b>
<b>Chapter:</b>	<b>Forms, Records &amp; Reports</b>
<b>Subject:</b>	<b>1551 - Replacement Vehicle Operator Certification</b>
<b>Revision Date:</b>	<b>3/11/2009</b>
<b>Approved by:</b>	<i>B. Michael Thurlow</i>

This form is to be used to certified operators on new replacement vehicle of same type.

Name (Print): \_\_\_\_\_ Employee# \_\_\_\_\_ Apparatus \_\_\_\_\_

**Firefighter must comply with requirements of 1 - 3 before Evaluation Process can begin.**

1. Firefighter must present copies of all training reports showing that all requirements have been met for the **replacement vehicle** being certificate on.
2. **The following Vehicle Check items must be performed:**  
 Service brakes, Parking brakes, Steering mechanism, Service lights, Emergency lights, Tires, Horns, Sirens, Backup alarms, Windshield wipers (Operational), Mirrors (Adjustment), Auto transmission fluid, Motor oil, Cooling systems level.  

**If failures are found process is not to continue**
3. **Vehicle Familiarization:** Firefighter must identify and describe the use of all controls & warning devices in cab. Example: warning lights, emergency lights, brake retarder, tire chains, siren brake, communication system & etc.

**Firefighter must successfully complete the “Operator Evaluation” with an approved Evaluator**

- Road Course:** Demonstrate safe, proper, & correct driving skills of the Emergency vehicle over a Departmental approved road course which meets NFPA 1002 standards. This operation must be performed meeting all State Laws & Departmental SOP's.
- On board components:** Firefighter must demonstrate the correct and safe use of all **NEW** attached components and equipment which is part of the **replacement vehicle** for the **first time**.

Signature of Firefighter: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_