

VIRGINIA BEACH FIRE DEPT.

ovfd8.org

VOLUNTEER SUPPORT TECHNICIAN TRAINING SYLLABUS



DUTY SUPPORT CREW MEMBER

DUTY SUPPORT CREW DRIVER

DUTY SUPPORT CREW LEADER

NAME: _____

FDID #: _____

SEP 2013

VOLUNTEER SUPPORT TECHNICIAN CERTIFICATION PROCEDURES

A. SUPPORT TECHNICIAN - CERTIFIED DUTY CREW MEMBER (EQUIPMENT OPERATOR)

1. Check-off Support 8, and Brush 8 utilizing the current Duty Crew Equipment Check-off Sheets, noting the procedure to be followed when discrepancies are noted.

Date: Initials: Date: Initials: Date: Initials: .

2. Demonstrate the ability to operate the OVFD installed "GPS" computer, as well as understand and read the City provided "Map Book," locating addresses as directed.

Date: Initials: Date: Initials: Date: Initials: .

3. Verbalize and/or demonstrate the use of the provided hand tools (manual and power), "overhaul" equipment, mobile and portable lights on Support 8 and Brush 8.

Date: Initials: Date: Initials: Date: Initials: .

4. Demonstrate the operation of the exhaust fans and water-vacs on Support 8.

Date: Initials: Date: Initials: Date: Initials: .

5. Verbalize the mechanics, and demonstrate the procedure for refilling SCBA air cylinders utilizing the Support 8 cascade and air compressor systems.

Date: Initials: Date: Initials: Date: Initials: .

6. Deploy the Support 8 light tower, demonstrating the ability to light the selected lights, rotate the tower as directed, and then re-deploy the unit.

Date: Initials: Date: Initials: Date: Initials: .

7. Have received the recommendation of, and be certified by the Battalion 30 Support Technician Duty Coordinator or designate.

Date: Initials: .

NAME: _____ DATE STARTED: _____

FDID #: _____ DATE CERTIFIED: _____

SIGNATURE (UNIT 32) _____

Department Seal

VOLUNTEER SUPPORT TECHNICIAN CERTIFICATION PROCEDURES

B. SUPPORT TECHNICIAN - CERTIFIED SUPPORT VEHICLE DRIVER

1. Complete all the requirements of "A" above.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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2. Verbalize and demonstrate the procedures for checking-off the engine compartments and vehicle mechanics (electrical and mechanical) of Support 8 and Brush 8, noting the procedure to be followed when discrepancies are noted.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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3. Verbalize and demonstrate the ability to operate and interpret the vehicle "Systems Monitoring" computer, noting the procedure to be followed when discrepancies are noted.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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4. Verbalize and demonstrate the ability to log onto, operate, interpret, and log-off of the City provided "Mobile Data Terminal" (MDT).

Date:	Initials:	Date:	Initials:	Date:	Initials:
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5. Verbalize and demonstrate proper radio procedures, terminology, and usage of the VBFD and OVFD provided mobile and portable radio systems.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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6. Demonstrate the ability to drive, park, and back the Support vehicle as directed, following all applicable safety procedures and VBFD Standard Operating Procedures (SOP's).

Date:	Initials:	Date:	Initials:	Date:	Initials:
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7. Have received the recommendation of the Battalion 30 Support Technician Duty Coordinator, and be certified by Battalion 30 as a Support Vehicle Driver.

Date:	Initials:	
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NAME: _____ **DATE STARTED:** _____

FDID #: _____ **DATE CERTIFIED:** _____

SIGNATURE (UNIT 32) _____

Department Seal

SIGNATURE (BATTALION 30) _____

VOLUNTEER SUPPORT TECHNICIAN CERTIFICATION PROCEDURES

C. SUPPORT TECHNICIAN - CERTIFIED DUTY SUPPORT CREW LEADER

1. Complete all the requirements of "A" and "B" above.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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2. Have been a Certified Duty Crew Member for at least 3 months, and have participated in at least 4 "working fire" scenarios associated with VBFD fire ground operations.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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3. Verbalize the responsibilities of the Duty Crew Leader with regards to his/her duty crew members, both in-station and on any given emergency or non-emergency scene.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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4. Verbalize the procedures to be followed with regards to communications, response procedures, and associated policies when responding to the scene of any given incident (assist citizen, "bottle fill" request, working fire, etc)

Date:	Initials:	Date:	Initials:	Date:	Initials:
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5. Verbalize the responsibilities of the Duty Support Crew Leader with regards to his/her interaction with the Incident Commander after arriving on any given emergency or non-emergency scene.

Date:	Initials:	Date:	Initials:	Date:	Initials:
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6. Have received the recommendation of the Battalion 30 Support Technician Duty Coordinator, and be certified by Battalion 30 as a Duty Support Crew Leader.

Date:	Initials:	
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NAME: _____ DATE STARTED: _____

FDID #: _____ DATE CERTIFIED: _____

SIGNATURE (UNIT 32) _____

Department Seal

SIGNATURE (BATTALION 30) _____

SEP 2013

