

# VIRGINIA BEACH FIRE DEPT.

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## VOLUNTEER SUPPORT TECHNICIAN TRAINING SYLLABUS



**DUTY SUPPORT CREW MEMBER**

**DUTY VOLUNTEER VEHICLE DRIVER**

**BRUSH TRUCK OPERATOR**

NAME: \_\_\_\_\_

FDID #: \_\_\_\_\_

JUN 2018

Individuals undergoing training as Duty Support Crew Members, Duty Volunteer Vehicle Drivers, and Brush truck Operators must be able to *verbalize* and *demonstrate* their abilities to perform all tasks indicated. Support trainees are required to receive 3 sets of initials from *different* individuals *qualified* to check-off tasks accomplished. *Qualified* individuals are those members who have received “check-off” initials in all three (3) performance categories (*Knowledge, Competency, and Proficiency*) for any single line item. Initials must be legible, and the individual known for a “check-off” to be allowed. It may become necessary for Trainees to come into the station at times other than scheduled to ensure *different* qualified individual initials are received within the time frame specified.

Trainees being certified in *all* areas must receive the signature of a member of the “Battalion 30 Training Staff” and conduct a short interview with Battalion 30. Trainees being certified as “Duty Volunteer Vehicle *Drivers*” must also perform a Battalion 30 Ride-along before receiving a certification signature from Battalion 30.

For all positions, exhibiting the 3 categories of performance (*Knowledge, Competency, and Proficiency*) is paramount prior to receiving any set of initials. Simply going through the motions of “doing” a task on a one-time basis will not necessarily result in receiving a set of initials. Any questions may be directed to me for clarification.

*Wayne*

W. F. Richardson

Fire Chief, OVFD

Vol. Battalion Chief, VBFD

# VOLUNTEER SUPPORT TECHNICIAN CERTIFICATION PROCEDURES

## A. SUPPORT TECHNICIAN - CERTIFIED DUTY SUPPORT CREW MEMBER (SUPPORT)

**KNOWLEDGE**

**COMPETENCY**

**PROFICIENCY**

1. Check-off Support 8, Brush 8, and UTV 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 locate VBFD Fire Stations, as well as understand and read the City provided "Map Book" or utilize "GPS" to locate City addresses as directed.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

3. Verbalize and demonstrate the ability to log onto, operate installed programs, interpret, and log-off of the City provided "Mobile Data Terminal" (MDT) (Must have a valid system password!).

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

4. Locate, identify, and demonstrate the use of the provided hand tools (manual and power), "overhaul" equipment, light towers & portable lights on Support 8, Brush 8, and UTV 8.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

6. Locate, identify, & operate Support 8 rehab equipment and verbalize on-scene rehab procedures.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

7. Verbalize & demonstrate the ability to manage a crew and interface with ICS on-scene personnel.

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE STARTED:** \_\_\_\_\_

**FDID #:** \_\_\_\_\_ **DATE CERTIFIED:** \_\_\_\_\_

**SIGNATURE (B-30 TRAINING)** \_\_\_\_\_

Department Seal

JUN 2018

# VOLUNTEER SUPPORT TECHNICIAN CERTIFICATION PROCEDURES

## B. SUPPORT TECHNICIAN - CERTIFIED VOLUNTEER VEHICLE DRIVER (SUPPORT/BRUSH)

**KNOWLEDGE**                      **COMPETENCY**                      **PROFICIENCY** .

1. Verbalize the responsibilities of the Duty Driver with regards to his/her duty crew members, both in-station and on any given emergency or non-emergency scene (Understand ICS procedures).

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

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

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

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

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

4. Verbalize and demonstrate 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: .

5. Demonstrate the ability to drive, park, and back the Support and Brush vehicles as directed, following all applicable safety procedures and VBFD Standard Operating Procedures (SOP's).

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

6. Demonstrate the ability to place and operate Brush 8 in "off road" conditions (4-Wheel Drive)

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

7. Have received the recommendation of the Battalion 30 Training Staff, performed a B-30 ride-along, and be certified by Battalion 30 as a Volunteer Vehicle Driver.

**NAME:** \_\_\_\_\_ **DATE STARTED:** \_\_\_\_\_

**FDID #:** \_\_\_\_\_ **DATE CERTIFIED:** \_\_\_\_\_

**SIGNATURE (B30 TRAINING)** \_\_\_\_\_

Department Seal

**SIGNATURE (BATTALION 30)** \_\_\_\_\_

VOLUNTEER SUPPORT TECHNICIAN - BRUSH TRUCK OPERATIONS TRAINING

PURPOSE: Train Volunteer Support Technician – (VST) personnel to allow qualified personnel to operate and fight brush fires from Brush 8 independent of supervision.

TRAINING STARTED: \_\_\_\_\_ CERTIFIED: \_\_\_\_\_

PRE-QUALIFICATIONS: The following must be certified prior operating Brush 8:

- 1. Must be “Driver” certified as specified in “VBFD VST Training Syllabus”
- 2. Must have completed VST “Wildland Firefighting” Training program
- 3. Must receive documented approval from VBFD Volunteer Battalion Chief

OVERVIEW: Volunteer Support Technicians must be able to:

- 1. Operate (Drive) Brush 8 during off road conditions
- 2. Operate all aspects of pumping Brush 8
- 3. Operate the floating pump
- 4. Demonstrate a basic understanding of how to combat brush/wildland fires.
- 5. Demonstrate *Competency* in all Training Outline items *initialed* below.

TRAINING OUTLINE:

1. Operate Brush 8 in off road conditions	Initials	Date
a. When to use 4-wheel drive, and the difference between 4L and 4H	_____	_____
b. When to “air down” tires and by how much	_____	_____
c. Identify Roll Over possibilities	_____	_____
d. How to avoid / handle getting stuck when off-road	_____	_____
e. Demonstrate winch usage	_____	_____
f. Allowing for an exit strategy	_____	_____
 2. Operate all aspects of pumping Brush 8		
a. Basic Brush 8 pump operations	_____	_____
b. Charging pre-connected and booster hose lines	_____	_____
c. Pumping pressures for hose, distance, and nozzle	_____	_____
d. Filling from hydrant, tanker, or drafting source	_____	_____
e. Hose usage and combinations	_____	_____

3. Operate the floating pump

- a. Safety precautions, starting ops, and maintenance \_\_\_\_\_
- b. Hose combinations and hardware usage \_\_\_\_\_
- c. Used as a water source for Brush 8 or attack lines \_\_\_\_\_
- d. ID areas supporting deployment of the floating pump \_\_\_\_\_

4. Demonstrate a basic understanding of brush/wildland firefighting procedures

- a. Safety aspects and scene assessment of conditions \_\_\_\_\_
- b. Knowing limitations of personnel and equipment \_\_\_\_\_
- c. Recognizing in-place attack plans being utilized \_\_\_\_\_
- d. Exit strategy \_\_\_\_\_
- e. Water management \_\_\_\_\_
- f. Tool usage \_\_\_\_\_

JUN 2018



NAME: \_\_\_\_\_ FDID: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

B-30 APPROVAL:

\_\_\_\_\_  
W. F. Richardson, Volunteer Battalion Chief

\_\_\_\_\_  
DATE