

DPSST Office Use Only
Date: _____
Reviewer: _____
Next Review Date: _____

Department of Public Safety Standards and Training

4190 Aumsville Hwy. SE
Salem, OR 97317
Phone: (503) 378-2100
Fax: (503) 378-4600



FIRE SERVICE AGENCY ACCREDITATION
R-1 (REVISED 6/09)

Make appropriate arrangements with the Fire Agency to establish date and time for the review:

Fire Agency: _____ Phone: _____

Fire Agency Contact: _____

Date of Review: _____ Time: _____

Contact DPSST to receive:
Agency Profile, Agency Certification History, Agency Roster, and Most Recent Certification List.
Take these documents with you to the review.

Complete three Training File Reviews (**Attaching documentation as appropriate**):

- Check records for proof of on-going training and copies of their levels of certification.

First Training File Review

Name: Last, First Middle Initial	DPSST Fire #

Certification(s):	Issued Date:
•	
•	
•	

TRAINING VERIFICATION:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Reviewed attendance of required courses/classes for certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the Instructor qualified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the fire agency accredited to teach the course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is their documented course competency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there certification competency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <u>Task Book</u> | | |
| Is the evaluator qualified at this level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <u>Task Performance Evaluations</u> | | |
| Is the evaluator qualified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the TPE-10 completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the agency maintaining adequate maintenance requirements as demonstrated through: | | |
| Service Delivery; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Task Performance; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A total of 60 hours of education and/or training per year; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any combination of Service Delivery, Task Performance, and Education and/or Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Second Training File Review

Name: Last, First Middle Initial	DPSST Fire #

Certification(s):	Issued Date:
•	
•	
•	

TRAINING VERIFICATION:

1. Reviewed attendance of required courses/classes for certification? Yes No
2. Is the Instructor qualified? Yes No
3. Is the fire agency accredited to teach the course? Yes No
4. Is their documented course competency? Yes No
5. Is there certification competency? Yes No
 - Task Book
 - Is the evaluator qualified at this level? Yes No
 - Task Performance Evaluations
 - Is the evaluator qualified? Yes No
 - Was the TPE-10 completed? Yes No
6. Is the agency maintaining adequate maintenance requirements as demonstrated through:
 - Service Delivery; or Yes No
 - Task Performance; or Yes No
 - A total of 60 hours of education and/or training per year; or Yes No
 - Any combination of Service Delivery, Task Performance, and Education and/or Training Yes No

Third Training File Review

Name: Last, First Middle Initial	DPSST Fire #

Certification(s):	Issued Date:
•	
•	
•	

TRAINING VERIFICATION:

1. Reviewed attendance of required courses/classes for certification? Yes No
2. Is the Instructor qualified? Yes No
3. Is the fire agency accredited to teach the course? Yes No
4. Is their documented course competency? Yes No
5. Is there certification competency? Yes No
 - Task Book
 - Is the evaluator qualified at this level? Yes No
 - Task Performance Evaluations
 - Is the evaluator qualified? Yes No
 - Was the TPE-10 completed? Yes No
6. Is the agency maintaining adequate maintenance requirements as demonstrated through:
 - Service Delivery; or Yes No
 - Task Performance; or Yes No
 - A total of 60 hours of education and/or training per year; or Yes No
 - Any combination of Service Delivery, Task Performance, and Education and/or Training Yes No

Complete all of the following information:

Fire Service Agency Name		Agency Phone	Agency Fax
Agency Mailing Address		City	State Zip

Fire Chief	Primary Phone	Secondary Phone	Fax
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Designated Training Officer [OAR 259-009-0087 (1) (a)]		Has your Training Officer attended a Training Management Seminar? Yes <input type="checkbox"/> No <input type="checkbox"/> (check one)	
Primary Phone	Secondary Phone	Fax	Email

NOTE: If the agency, chief or training officer information has changed a PAF needs to be completed and sent to DPSST.

<input type="checkbox"/> City Manager -OR- <input type="checkbox"/> District Chair		Primary Phone	Fax
Mailing Address		City	State Zip

New Renewal Renewal with Change

- Number of NFPA certified Fire Instructors in the fire agency?
NFPA Fire Instructor I: _____ NFPA Fire Instructor II: _____
- Does the fire agency have a pumper conforming to NFPA Standard #1901? [OAR 259-009-0087 (g)]
 YES NO
- What curriculum is available to the fire agency?
 IFSTA Edition _____ Delmar Edition _____ Other: _____
 Agency Provided Training Association Provided
- Are there lesson plans available to conduct the proposed training? YES NO
- Does the fire agency maintain records that show they have offered and made available to their personnel the required number of hours of maintenance training? [OAR 259-009-0087 (d)] YES NO
- Agency has provided a typed SIX MONTH TRAINING SCHEDULE and ORGANIZATIONAL CHART
 YES NO *(Please attach copies to the review form)*
- Is the agency maintaining adequate maintenance requirements as demonstrated through:
Service Delivery; or Yes No
Task Performance; or Yes No
A total of 60 hours of education and/or training per year; or Yes No
Any combination of Service Delivery, Task Performance, and Education and/or Training Yes No
- Does the fire agency maintain records documenting annual manipulative skill's evaluations?
 YES NO
- Does the fire agency provide corrective training for those not meeting task performance requirements?
 YES NO
If YES, how and when? _____

10. The following are designated as fire agency evaluators for task performance evaluations: *(list titles, not names)*
1. _____ 2. _____
 3. _____ 4. _____
11. What system of record keeping is used to record training? _____
12. Does the fire agency conduct formal task performance evaluations? YES NO
13. Is the DLO contacted for assignment of task performances used in an evaluation? YES NO
14. Does the fire agency maintain in their records a copy of the Task Books? YES NO
15. Review the curriculum for each requested level of certification. Does it meet the intent of the standard?
 YES NO

(DO NOT SEND TASKBOOKS TO DPSST FOR EVALUTION)

The accreditation review team recommends following levels for department training:

NFPA Fire Fighter

- NFPA Fire Fighter I
 NFPA Fire Fighter II

NFPA Apparatus Operator

- NFPA Driver
 NFPA Pumper Operator
 NFPA Aerial Operator
 NFPA Tiller Operator
 NFPA Mobile Water Supply Operator
 NFPA Wildland Fire Operator

Wildland Interface

- Interface Fire Fighter (S-130 & S-190)
 Interface Engine Boss (S-131, S-215, S-290, S-230)

NFPA Rescue Technician

- NFPA Confined Space Rescue
 NFPA Rope Rescue
 NFPA Structural Collapse Rescue
 NFPA Surface Water Rescue
 NFPA Trench Rescue
 NFPA Vehicle and Machinery Rescue

NFPA Fire Instructor

- NFPA Fire Instructor I

NFPA Fire Officer

- NFPA Fire Officer I

Hazardous Material Responder

- First Responder
 Hazardous Materials Technician
 On Scene Incident Commander

NFPA Airport Fire Fighter

- NFPA Airport Fire Fighter

Maritime Fire Service Operator

- Basic Awareness
 Deck Hand
 Boat Operator
 Rescue Boat Operator
 Fire Boat Operator

NFPA Marine Fire Fighting

- NFPA Marine Fire Fighting I
 NFPA Marine Fire Fighting II

Fire Ground Leader

- Fire Ground Leader

Other

- _____

16. Were any Six Month Extensions given for any levels of certification?
 YES, please indicate which levels.

When adding additional levels of certification to a current agreement:

- a. The request must come from the fire chief or training officer.
- b. Does the agency have at least one individual certified at the requested level? YES NO
- c. Does the agency have appropriate curriculum that meets the intent of standard for the level of certification requested? YES NO

When removing levels of certification from a current agreement:

- a. To drop any levels of certification from a current agreement, a letter must come from the fire chief or training officer.
- b. The DLO will then send, in writing the request to DPSST, to place in their agency training file.
- c. DPSST will alter the accreditation agreement in computer system.

Additional Comments: _____

Members present at the time of the review:

NOTE: Only the DLO, fire chief, training officer, fire agency designee, DPSST Fire Certification Representative, DPSST Fire Training Staff, or fellow DLO should be in attendance of the review. You may NOT bring any outside fire agency staff to the fire agency department accreditation review unless approved by DPSST Standards and Certification Fire Certification Coordinator or DPSST Fire Training Staff.

ATTEST: *The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.*

District Liaison Officer (Signature)	Printed Name	Date
Fire Chief (Signature)	Printed Name	Date
Training Officer (Signature)	Printed Name	Date