**Butte County Fire Department**

**Annual Skills Certification Sheet**

**Breathing Support Operator**

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| --- | --- | --- |
|       |       |        |
| **VFF Name**  | **Company** | **Date** |
|  |  |        |  |

The assigned **career company officer** is responsible to complete the below mandatory training with their assigned Breathing Support Operators annually. The Skills Certification Sheet must be signed by the proctor and returned to the Training & Safety Bureau for filing. Refer to SOP Manual section 5.3 Annual Skills Testing.

**Breathing Support Operator**

[ ]  Donning PPE Completed On:  [ ]  Pass [ ]  Fail

[ ]  Chock Blocks and Seat Belts Completed On:  [ ]  Pass [ ]  Fail

[ ]  Backing Hand Signals Completed On:  [ ]  Pass [ ]  Fail

[ ]  Mobile and portable radio use proficiency Completed On:  [ ]  Pass [ ]  Fail

Select two skills from the below topics. VFF’s will randomly draw from the below skills to determine which skill will be completed.

[ ]  SCBA Bottle Filling Completed On: [ ]  Pass [ ]  Fail

[ ]  Test Driving with a proctor Completed On:  [ ]  Pass [ ]  Fail

I certify that the above Breathing Support Operator has completed the required annual skills testing

|  |  |  |
| --- | --- | --- |
|       |       |       |
| **Career Company Officer** | **Proctor Signature** | **Date Completed** |

***Return this skills sheet to the Training & Safety Bureau for filing in the VFF’s training file***