| Meridian Fire Department | IPS# | RS04 |
|---|---|---|
| | **Revision Date:** | 08/05/2024 |
| Individual Performance Standards | **Standard:** NFPA 1001-19: 4.3.5 | |

| **Description:** | Assessment and Correction of SCBA Malfunction/Damage |
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| **Conditions:** | Given the necessary tools, equipment, a command role-player and a defined objective, safely and efficiently assess/correct SCBA malfunction and/or damage inside a simulated IDLH environment. Full PPE including gloves and SCBA shall be utilized throughout the skill. <br><br> **IPS will be successful if completed with a score of 80% or above without any critical failures. ** |

| Time Standard: <br> **1:00** | Time Adjustments: <br> **+20 sec. per floor above/below grade** <br> **+20 sec. per side away from "A"** | Time: (1st) | Time: (2nd) |
|---|---|---|---|

| **Competencies:** | **1st Attempt** | **2nd Attempt** |
|---|---|---|
| 1. Acknowledges order from Officer | Pass / Fail | Pass / Fail |
| 2. Transmits MAYDAY per Comms 1 IPS **(Time starts)** | Pass / Fail | Pass / Fail |
| 3. Assesses situation (Smoke, heat, egress, injuries, entrapment) | Pass / Fail | Pass / Fail |
| 4. Manually activates PASS device (If inactive) | Pass / Fail | Pass / Fail |
| 5. Assesses SCBA (Corrects problems found) <br> - A –Facepiece intact, MMR in place, exhalation valve functioning properly <br> - B – Bypass (Turn on if not on) (Control valve to conserve air) <br> - C – Cylinder (Pressure, connection, valve on) <br> - H – Hoses, intact, no leaks, connected <br> - H – Harness, intact, not entangled | Pass / Fail | Pass / Fail |
| 6. Advances toward egress opening (if possible) | Pass / Fail | Pass / Fail |
| 7. Egresses to non-IDLH (If possible) | Pass / Fail | Pass / Fail |
| 8. Notifies Officer/Command of firefighter's location/condition **(Time stops)** | Pass / Fail | Pass / Fail |

\* Indicates a "Critical" component. Failure to complete any critical component constitutes a complete failure of the skill          7/8=80%

| **Notes:** |
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| Firefighter: | Date: | |
|---|---|---|
| Evaluator | Date: | |
| **Attempt Outcome:** | **Pass / Fail** | **Pass / Fail** |