



Department of Emergency Services and Public Protection
 COMMISSION ON FIRE PREVENTION AND CONTROL

**INCIDENT SAFETY OFFICER – FIRE SUPPRESSION
 EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		Cell ()
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite				
<input type="checkbox"/> State of Connecticut Certified Fire Officer I		<input type="checkbox"/> Continuous service as a Fire Officer in a fire department since prior to July 1, 1987. Verification from the Chief of Department or supervisor must be provided.		
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			_____ Applicant Signature	

WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Division must receive applications a minimum of 10 business days prior to the requested examination date. Late applications will not be accepted or processed.
Examination Location _____	

\$35.00 application fee required with application. Please check type of payment below:

Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____
	Card Holder's Name: _____
	Card Holder's Signature _____
	Expiration Date: _____

DO NOT SEND CASH

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
-----------------------	------

Remit completed application and fee to: Commission on Fire Prevention and Control
 34 Perimeter Road
 Windsor Locks, CT 06096-1069

NAME: _____ FFID#: _____

INCIDENT SAFETY OFFICER – FIRE SUPPRESSION – NFPA Standard 1521 Compliance

All objectives of NFPA Standard 1521, Chapter 5.2.1, 5.5.2, 5.2.3, 5.2.4, 5.2.5, 5.2.6, 5.2.7, 5.2.8, 5.2.9, 5.2.10, 5.2.11, 5.2.12, 5.2.13, 5.2.14, 5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.3.5, 5.3.6, 5.6.1, 5.7.1, and 5.7.2, Incident Safety Officer – Fire Suppression, 2015 edition, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

- Compliance Method 1** - Successful completion of a Connecticut Fire Academy Incident Safety Officer – Fire Suppression training program
- Compliance Method 2** - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Incident Safety Officer – Fire Suppression accredited certification
- Compliance Method 3** - Examination Challenge – Director of Certification approval required

Incident Safety Officer - Fire Suppression - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1521, Incident Safety Officer – Fire Suppression, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
ISO-1	Perform the Role of Incident Safety Officer			
ISO-2	Monitor the Incident Action Plan			
ISO-3	Manage Transfer of ISO Duties			
ISO-4	Monitor Accountability System			
ISO-5	Determine Hazardous Incident Conditions			
ISO-6	Motor Vehicle Scene Hazards			
ISO-7	Monitor Radio Transmissions			
ISO -8	Incident Strategic Requirements			
ISO - 9	Determine Landing Zone and Helicopter Hazards			
ISO -10	Recognize Signs and Symptoms of Occupational Exposure			
ISO-11	Determine Hazardous Energy Sources			
ISO-12	Monitor Conditions			
ISO-13	Conduct a Safety and Health Investigation			
ISO-14	Prepare a Written Post-Incident Analysis (PIA)			
ISO-15	Report Observations, Concerns, and Recommendations			
ISO-FS-1	Evaluate Rapid Intervention Crew (RIC) Capability			
ISO-FS-2	Communicate Hazardous Issues to Rapid Intervention Crew (RIC)			
ISO-FS-3	Identify and Estimate Building Collapse Hazards			
ISO-FS-4	Determine Flashover and Hostile Fire Growth			
ISO-FS-5	Determine Fire Growth and Blow Up			
ISO-FS-6	Determine Suitability of Building Entry and Egress			

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1521, 2015 edition, *Fire Department Safety Officer*, Incident Safety Officer – Fire Suppression. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323I. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date