



**MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
DRIVER/OPERATOR TRAINING PROGRAM**

**TANKER
EMERGENCY VEHICLE DRIVER/OPERATOR
CERTIFICATION CHECKLIST**

Trainee Name: _____ **ID#** _____ **Date:** _____

Station/Shift/Dept: _____ **Mentor:** _____

Unit #: _____ **Make:** _____ **Year:** _____

MCFRS Driver Training Coordinator will review the driver training request with the firefighter/rescuer and MCFRS Shift Captain/LFRD Driver Training Coordinator. Complete the following before a Driver/Operator trainee begins the Driver/Operator training process:

- ___ 1. Review the Fire and Rescue Commission's Driver/Operator Training Policy.
- ___ 2. The Driver/Operator trainee must provide a copy of their current license and driving record for review. Personnel with 5 points on their license will not be granted Driver/Operator training status.
- ___ 3. Determine if the trainee has a valid and appropriate class license.
- ___ 4. Assign a driver training mentor.
- ___ 5. Establish a schedule for driver training, goals, and projected completion date.

MCFRS/LFRD Driver Training Coordinator

Date

PREREQUISITES:

Enter Date Prerequisite Completed:

- _____ 1. Have a minimum of three years MCFRS experience.
- _____ 2. Be a certified MCFRS Engine Driver for at least one year.
- _____ 3. Be certified as an MCFRS IECS Firefighter II.
- _____ 4. Successfully complete the Pumps and Hydraulics Course.

MCFRS Shift Captain/LFRD Driver Training Coordinator

Date

REQUIRED TRAINING:

Enter Date Required Training Was Completed:

- _____ 1. Successfully demonstrate the ability to drive a Tanker on a closed obstacle course.
- _____ 2. Successfully complete the MCFRS Driver Training Competencies for Tanker Driver/Operator.
- _____ 3. Successfully complete and log a minimum of eight hours practical driving experience on public roadways.
- _____ 4. Successfully complete a practical test for Tanker Driver/Operator.
- _____ 5. Successfully complete the NFPA 1002 Road Driving Evaluation.
- _____ 6. Complete all required documentation to obtain certification from the authorized MCFRS/LFRD representative.

Trainee has met and/or completed all requirements for certification as a Tanker Driver.

Supervisor Signature

Date

Supervisor Name

NOTE: When the trainee has met all requirements for certification distribute this document as follows:

Original: Personnel File (HQ) or LFRD file

Copies: Station Supervisor File; Employee; Battalion Chief; MCFRTA Driver Training Coordinator; Safety Section Chief