

MUNICIPALITY OF
 NORRISTOWN
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NORRISTOWN FIRE DEPARTMENT DRIVER'S CERTIFICATION



Name:			Date:		
Address		Unit Number:		Fire Department ID:	
City:	State:	Zip:		Phone/Fax:	

* Notes automatic failure.

		Yes	No	N/A
1	Present drivers card and state driver's license *			
2	Check Tires			
3	Check lighting			
4	Check oil and fluid levels			
5	Check adjustment of mirrors			
6	Check wipers			
7	Fasten seat belt			
8	Release parking brake			
9	Uses turn signal			
10	Both hands on wheel			
13	Drives the speed limit *			
14	Makes complete stops at stops signs *			
15	Obeys traffic signals			
16	Uses help when backing up			
17	Uses wheel chocks when parking			
18	Put engine in pump *			
19	Circulate water through pump			
20	Know how to calculate friction loss			
21	Can transfer from tank to Hydrant			
22	Know minimum compound pressure			
23	Know the pressure for supplying another apparatus			
24	Know the different pressure for smooth bore or task force tip			
25	Able to put Aerial into operation *			
26	Know the safety distance from electrical wires			
27	Able to put permanently mounted equipment into service (generator, lights, Hurst tools, cascade)*			
28	Know what equipment is on apparatus			

Examiner Signature _____