On August 20, 2015 the Fire Control 4 task book was adopted by the California State Fire Marshal based on approval by the Statewide Training and Education Advisory Committee (STEAC) and the State Board of Fire Services (SBFS)

Published by:
State Fire Training, 1131 S Street, Sacramento, CA 95811
(916) 445-8200
Senior Instructor Task Book

The Senior Instructor Task Book is the path for becoming a Fire Control 4 (FC4) senior instructor. The FC4 Senior Instructor Task Book identifies the minimum requirements necessary to perform the duties of a State Fire Training (SFT) registered FC4 senior instructor. The FC4 Senior Instructor Task Book also allows the evaluator to record a candidate’s performance for both technical and manipulative skills. Successful completion of this task book verifies that the candidate has met the performance requirements necessary to become a registered FC4 senior instructor.

Qualifications

Senior Instructor Candidate

- Taught a minimum of two Fire Control 4 courses as the primary instructor within the last three years
- Meets all senior instructor requirements as identified by the SFT Procedures Manual

Evaluator

- Is a registered SFT Fire Control 4 senior instructor in good standing
- Be qualified and proficient

Responsibilities

Senior Instructor Candidate

All candidates shall:

- Review and understand all site requirements, equipment standards, and material in the Fire Control 4 Course Plan
- Review and understand the process for completing the Senior Instructor Task Book
- Accurately record and maintain the Senior Instructor Task Book
- Retain a completed copy of the Senior Instructor Task Book

Evaluator

All evaluators shall:

- Explain to the candidate the purpose of and process for completing the Senior Instructor Task Book
- Explain to the candidate his or her responsibilities
- Meet with the candidate to determine past experience, current qualifications, and goals/objectives
- Confirm with the candidate, prior to performance, which tasks will be evaluated
Purpose and Process

- Accurately evaluate each task performed by the candidate
- Document successful completion of each task in the Senior Instructor Task Book
  - The evaluator shall document the following directly on the task book:
    - SFT’s assigned class code
    - Date of performance
    - Evaluator’s initials
- Document final evaluation of the candidate on the Evaluation Summary portion of the Senior Instructor Task Book

Completion Requirements

(A) A Fire Control 4 senior instructor candidate has two years after starting his/her Fire Control 4 Senior Instructor Task Book to complete the task book requirements.

(B) A Fire Control 4 senior instructor candidate must satisfy all instructor requirements and become a registered Fire Control 4 senior instructor within one year of completing his/her task book.

(C) Only a Fire Control 4 senior instructor may evaluate a Fire Control 4 senior instructor candidate.

(D) Requires a minimum of three different Fire Control 4 training events

Completion Process

When you receive your Senior Instructor Task Book:

1. Thoroughly review all Task Book Requirements to make sure that you understand each of them.

2. Complete each requirement in the tasks segment and ensure that an evaluator signs and dates each one to verify completion.

3. Make a copy of the completed senior instructor task book to retain with your personal records prior to submittal.

A completed task book should be compiled into the instructor application package and submitted to SFT only when the application package is complete. Refer to the SFT Procedures Manual for more information on the instructor registration requirements.
Task Book Requirements

Fire Control 4 Tasks

Senior Instructor Candidate: _____________________________________________________

Performance Standard
• The senior instructor candidate must perform all tasks and the evaluator must evaluate them.
• All job performance requirements must be performed in accordance with the standards of the authority having jurisdiction (AHJ) or the National Fire Protection Association (NFPA), whichever is more restrictive.

Code
• P = must be completed prior to the course
• D = must be completed during the course

Grade
• P = candidate successfully met the performance standard
• F = candidate did not meet the performance standard

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<th>Task</th>
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<td>i. Verify notifications made by primary instructor</td>
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<td>j. Verify that primary instructor delivers course in</td>
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<td>accordance with the SFT Procedures Manual</td>
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<td>2. Incident Action Plan (IAP)</td>
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<td>b. Approve IAP for operational period</td>
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<td>3. Classroom Lecture</td>
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<td>a. Evaluate teaching materials developed by primary</td>
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<td>instructor for accuracy and completeness</td>
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<td>b. Evaluate primary instructor’s lecture and activity delivery</td>
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<td>4. Prop Set Up and Operations</td>
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<td>a. Verify correct prop set up based on facility requirements</td>
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<td>b. Verify safe operation of individual props prior to instruction</td>
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<td>5. Exercise Set Up and Placement (Liquid)</td>
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<td>a. Verify two water supply sources</td>
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<td>b. Verify proper hose line set up</td>
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<td>c. Confirm hose line pressure and flow</td>
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<td>6. Skills Training (Liquid)</td>
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<td>and communicating with the primary coordinator</td>
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<td>b. Perform a walk around of exercise site</td>
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<td>c. Confirm possible hazards with primary instructor</td>
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<td>d. Review ignitable liquid fire exercise plan and determine amendments</td>
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<td>e. Approve ignitable liquid fire exercise plan</td>
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<td>f. Direct ignitable liquid fire exercise safety and coordination</td>
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<td>briefing</td>
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<td>7. Exercise Set Up and Placement (Gas)</td>
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<td>a. Verify two water supply sources</td>
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<td>b. Verify proper hose line set up</td>
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<td>c. Confirm hose line pressure and flow</td>
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### 8. Skills Training (Gas: Pressure Cylinder)

a. Establish appropriate visual position for viewing the exercise and communicating with the primary coordinator
b. Perform a walk around of exercise site
c. Confirm possible hazards with primary instructor
d. Review flammable gas: pressure cylinder exercise plan and determine amendments (if applicable)
e. Approve flammable gas: pressure cylinder exercise plan
f. Direct flammable gas: pressure cylinder exercise safety and coordination briefing

### 9. Skills Training (Gas: Piping and Valves)

a. Establish appropriate visual position for viewing the exercise and communicating with the primary coordinator
b. Perform a walk around of exercise site
c. Confirm possible hazards with primary instructor
d. Review flammable gas: piping and valves exercise plan and determine amendments (if applicable)
e. Approve flammable gas: piping and valves exercise plan
f. Direct flammable gas: piping and valves exercise safety and coordination briefing

### 10. Skills Training (Gas: Meters)

a. Establish appropriate visual position for viewing the exercise and communicating with the primary coordinator
b. Perform a walk around of exercise site
c. Confirm possible hazards with primary instructor
d. Review flammable gas: meters exercise plan and determine amendments (if applicable)
e. Approve flammable gas: meters exercise plan
### Task Book Requirements

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<tr>
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<td>f. Direct flammable gas: meters exercise safety and coordination briefing</td>
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<td>11. Demobilization</td>
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<td>a. Perform final walk around of entire site</td>
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<td>b. Verify site security</td>
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<td>12. Post-incident Analysis (PIA)</td>
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<td>a. Participate in post-incident analysis</td>
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<td>b. Complete final interview and critique with primary instructor</td>
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Evaluator #1 Summary

Senior Instructor Candidate: ____________________________________________

Department: __________________________________________________________

Phone Number: ____________ Email: ________________________________

Evaluator: ___________________________ Instr. ID# ______

Department: __________________________________________________________

Phone Number: ____________ Email: ________________________________

SFT Course Code: ____________ Course Dates: __________________________

The senior instructor candidate listed above performed the Fire Control 4 tasks initialed and dated by me under my supervision.

Evaluator Signature: ___________________________________________ Date: ____________

Comments

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Evaluator #2 Summary

Senior Instructor Candidate: ________________________________
Department: ________________________________
Phone Number: ________________  Email: ________________________________

Evaluator: ________________________________  Instr. ID# __________
Department: ________________________________
Phone Number: ________________  Email: ________________________________
SFT Course Code: ________________  Course Dates: ________________________________

The senior instructor candidate listed above performed the Fire Control 4 tasks initialed and dated by me under my supervision.

Evaluator Signature: ________________________________  Date: __________

Comments
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Evaluator #3 Summary

Senior Instructor Candidate: ______________________________________________________

Department: __________________________________________________________________

Phone Number: ___________  Email: ____________________________________________

Evaluator: ____________________________________________  Instr. ID# _________

Department: __________________________________________________________________

Phone Number: ___________  Email: ____________________________________________

SFT Course Code: ______________  Course Dates: ______________________________

The senior instructor candidate listed above performed the Fire Control 4 tasks initialed and dated by me under my supervision.

Evaluator Signature: ________________________________  Date: ________________

Comments
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Final Review

CANDIDATE REVIEW

Candidate Name: ________________________________

I hereby certify under penalty of perjury under the laws of the State of California, that completion of all job performance requirements made herein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection or revocation.

__________________________________________  ________________
Candidate’s Signature  Date

EVALUATOR REVIEW

Name: __________________________________________ Instruction ID#_____

Job Title: ________________________________

Organization: ________________________________

I the undersigned, am the person authorize to verify the candidate’s experience, qualifications, and job performance requirements. I hereby certify under penalty of perjury under the laws of the State of California, that completion of all experience, qualifications, and job performance requirements made herein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.

__________________________________________  ________________
Senior Instructor Signature  Date

Comments

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