



# FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

## Emergency Vehicle Operator's Course (E.V.O.C.) Pre-Course Checkoff Form

**STUDENT NOTICE:** This form must be completed prior to the first day of the Emergency Vehicle Operator's Course that you are enrolled in. This form documents the minimum requirements needed for successful completion of the course. This form must be filled out completely and signed by the Fire Chief or Training Officer of your department, then submitted to the Training Division Office prior to the first day of class. Failure to complete this form will result in the student not being eligible to attend the EVOC course.

**Driving and operating Emergency Vehicles during emergency responses is a very dangerous job. The purpose of an EVOC course is to teach a student the theories and practices of emergency operation, not basic driving principles. The time that is devoted to doing this driver training should be taken serious and completed accurately. Any forms that indicate suspicion of fraud will be considered invalid.**

*Must be 18 years old to attend this class.*

Student Name

Date of Birth

Student's Department

Years as a Member of the Department

**Select the following box(s) for which vehicle classification(s) you are taking the EVOC Class for:**

Years of Driving Experience (Personal Vehicle)

- Class 1 : 0 - 10,000 pounds (Serv, Mobile)
- Class 2 : 10,001 - 26,000 pounds ( Ambulance, Brush)
- Class 3 : 26,001 + pounds (Engine, Tanker, Aerial)

### EMERGENCY VEHICLE INSTRUMENTATION - IDENTIFICATION EXERCISE

Students must become familiar with the instrumentation gauges and switches that are mounted on emergency vehicles. To complete this task, the student shall correctly identify and provide a basic interpretation of the gauges and the operations of switches on apparatus. The evaluator shall then check off (✓) the item to show satisfactory performance in this exercise.

#### IDENTIFY GAUGES:

- |  |                                    |                                       |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Oil Pressure        | <input type="checkbox"/> Ammeter   | <input type="checkbox"/> Speedometer  |
| <input type="checkbox"/> Oil Temperature     | <input type="checkbox"/> Voltmeter | <input type="checkbox"/> Tachometer   |
| <input type="checkbox"/> Coolant Temperature | <input type="checkbox"/> Fuel      | <input type="checkbox"/> Air Pressure |

#### DEMONSTRATE THE USE OF:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Master (Battery) Switch       | <input type="checkbox"/> Throttle (if equipped)         | <input type="checkbox"/> Turn Signals        |
| <input type="checkbox"/> Ignition Switch               | <input type="checkbox"/> Brake Switch / Engine Retarder | <input type="checkbox"/> Vehicle Horn        |
| <input type="checkbox"/> Engine Starter (if different) | <input type="checkbox"/> Foot Brake                     | <input type="checkbox"/> Climate Controls    |
| <input type="checkbox"/> Clutch (if applicable)        | <input type="checkbox"/> Parking Brake                  | <input type="checkbox"/> Emergency Lights    |
| <input type="checkbox"/> Gear Shift                    | <input type="checkbox"/> Windshield Wipers              | <input type="checkbox"/> Air Horn / Siren    |
| <input type="checkbox"/> Accelerator                   | <input type="checkbox"/> Headlights                     | <input type="checkbox"/> Communication Radio |

#### EXPLAIN AND SIMULATE:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Emergency Engine Shutdown | <input type="checkbox"/> Normal Shutdown | <input type="checkbox"/> Steering / Braking to control skid |
|--|--|---|

Evaluator's Signature

Date

**EMERGENCY VEHICLE DRIVING LOG**

*A minimum of four (4) hours is required for each class of vehicle that you are seeking to certify on. Driving should be done within the first-due area of the department and on all different types of terrain. Driving should be limited to the driving experience of the student and their abilities to drive during day/night hours and serious weather conditions.*

Date of Drive  Apparatus ID/ Class  Total Time Driving

Driving Route

Weather Conditions   Day (After Sunrise)  Night (After Sundown)

Driver Preceptor

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Date of Drive  Apparatus ID/ Class  Total Time Driving

Driving Route

Weather Conditions   Day (After Sunrise)  Night (After Sundown)

Driver Preceptor

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Driving Route

Weather Conditions   Day (After Sunrise)  Night (After Sundown)

Driver Preceptor

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*Use Training Division Form (EVOC-2) to enter additional driving experiences*

**ATTEST:** All practical exercises were performed by the named student and results shown above reflect an accurate appraisal of demonstrated knowledge and driving skills in these exercises.

Chief / Training Officer Signature  Date

Student's Signature  Date