

Town of Ocean City
Department of Emergency Services
Fire/EMS Division
Seasonal Employee Field Training Curriculum & Checklist

Instructions:

1. The employee shall take this document to each field training shift.
2. The FTO will review each of the items in this document with the employee. As each item is reviewed, the FTO will sign and date each item completed. Each item must be signed-off individually.
3. At the end of each shift, the FTO and employee shall sign the Field Training Documentation Section of the form. This section of the form verifies the number of hours spent in field training.
4. **DO NOT LOSE THIS FORM.** It is official documentation of your training with the division. Once all sections of the form have been completed, the FTO shall forward the form to the Division Captain for review.
5. To be released from field training, all items contained in the document must be reviewed.

**Town of Ocean City
 Department of Emergency Services
 Fire/EMS Division
Seasonal Employee Field Training Curriculum & Checklist**

Employee's Name _____

General:	Date Completed	FTO Initials
EMS UNIT DAILY CHECK & DOCUMENTATION	_____	_____
FIRE EQUIPMENT DAILY CHECK & DOCUMENTATION	_____	_____
DAILY STATION CHECK PROCEDURE (WINTER/SUMMER)	_____	_____
MONDAY GLUCOSE METER QC CHECK/DOCUMENTATION	_____	_____
MONDAY DRUG INVENTORY/DOCUMENTATION	_____	_____
STATION SUPPLY CABINET/ROOM (LOCATION, ACCESSING, RESTOCKING)	_____	_____
EMS Unit Equipment & Systems:		
CARDIAC MONITOR/DEFIB OPERATION AND DAILY CHECK	_____	_____
OPERATION OF THE ROSETTA DEVICE	_____	_____
AIRWAY BAG	_____	_____
ALS/BLS MEDICATIONS (DRUG BOX/DRUG CABINET)	_____	_____
CONTROLLED SUBSTANCES/KNOX BOX KEY SIGN OFF	_____	_____
PEDIATRIC BAG	_____	_____
TRAUMA BAG	_____	_____
GLUCOSE METER OPERATION	_____	_____
CPAP EQUIPMENT (LOCATION/SET-UP)	_____	_____
PORTABLE SUCTION (LOCATION/OPERATION)	_____	_____
INFECTION CONTROL EQUIPMENT (LOCATION)	_____	_____
INTERIOR STORAGE CABINETS/RED SEAL PROCEDURE	_____	_____
INVENTORY BOOK	_____	_____
MONTHLY EMS UNIT INVENTORY (15 TH OF MONTH)	_____	_____
STRYKER COT OPERATION	_____	_____
SPINAL IMMOBILIZATION SYSTEMS (ADULT/PED/KED)	_____	_____

	Date Completed	FTO Initials
SCOOP STRETCHER OPERATION	_____	_____
STAIR CHAIR OPERATION (ALL STYLES)	_____	_____
CONTENTS OF EXTERIOR COMPARTMENTS	_____	_____
OXYGEN SYSTEM AND TANK CHANGE PROCEDURE	_____	_____
MCI TRIAGE KIT	_____	_____
VEHICLE RADIOS (800 MHZ/EMS)	_____	_____
MD EMS CONSULTATION FORMAT	_____	_____
MAP BOOK/AREA FAMILIARIZATION	_____	_____
UNIT FORMS (HIPPA/ REFUSAL/PATIENT STATUS REPORT)	_____	_____
PAPER MAIS REPORTS/ADDITIONAL NARRATIVES	_____	_____
SCBA	_____	_____
WATER RESCUE EQUIPMENT	_____	_____
CHILD SAFETY SEAT	_____	_____
UNIT ELECTRICAL AND MECHANICAL SYSTEMS	_____	_____
CHECKING FLUIDS	_____	_____
For BLS Providers:		
LP12 AED OPERATION	_____	_____
12 LEAD/PULSE OX/NIBP/CAPNOGRAPHY SET-UP	_____	_____
IV SET-UP	_____	_____
Fire Equipment and Systems:		
BRAKE AIR PRESSURE	_____	_____
TANK WATER LEVEL	_____	_____
FUEL LEVEL	_____	_____
AIR PACK CHECKS	_____	_____
GAS MONITORS, TICs AND AEDs (CHARGED/OPERATIONAL)	_____	_____
MEDICAL EQUIPMENT ON FIRE APPARATUS	_____	_____
HAND LIGHTS AND HAND TOOLS	_____	_____

	Date Completed	FTO Initials
EQUIPMENT PULLED OUT ON THE PAD/RUN (AUTHORIZED OPERATORS ONLY)	_____	_____
STARTING GENERATORS	_____	_____
GENERATOR FUEL LEVEL CHECKS	_____	_____
PUT ENGINE IN PUMP GEAR	_____	_____
CHECK EMERGENCY LIGHTS	_____	_____
RIT BAGS	_____	_____
RUN SAWS	_____	_____
CHECK FUEL AND BAR OIL LEVELS/ADJUST CHAIN TENSION	_____	_____
HURST TOOLS-CHECK FUEL/RUN POWER UNITS	_____	_____
PPV FANS-RUN AND CHECK FUEL	_____	_____
RUN AND CHECK FUEL IN ALL GENERATOR LIGHTS	_____	_____
MONTHLY (16 TH) INVENTORY ROPE BAGS	_____	_____
MONTHLY (17 TH) INVENTORY TOOL BOXES	_____	_____
HAZMAT TRUCK /MCI EQUIPMENT	_____	_____
SPECIAL OPS TRAILER OVERVIEW	_____	_____
Operational/Administrative:		
GENERAL COMPUTER SYSTEM OVERVIEW	_____	_____
ES WEBSITE-SECURE AREA, SCHEDULE, ETC.	_____	_____
GENERAL COMPUTER SYSTEM OVERVIEW	_____	_____
NETWORK LOG-IN	_____	_____
RIP & RUNS	_____	_____
COMPUTER FAILURE PROCEDURE FOR PCR'S	_____	_____
PATIENT CARE REPORTING IN FIREHOUSE SOFTWARE	_____	_____
FAXING EMS PCR'S	_____	_____
GROUPWISE EMAIL	_____	_____
PHONE SYSTEM OPERATION	_____	_____

	Date Completed	FTO Initials
SOP REVIEW:		
SECTION 100	_____	_____
SECTION 200	_____	_____
SECTION 300	_____	_____
SECTION 400	_____	_____
SECTION 500	_____	_____
SECTION 600 (FULL TIME ONLY)	_____	_____
SECTION 700	_____	_____
SECTION 800	_____	_____
SECTION 1000 CURRENT MEMORANDA	_____	_____
MARYLAND MEDICAL PROTOCOLS:		
GENERAL REVIEW	_____	_____
PROTOCOL VARIANCE SECTION	_____	_____
INABILITY TO CARRY OUT PHYSICIAN ORDER	_____	_____
EXTRAORDINARY CARE PROTOCOL	_____	_____
OPERATION OF PORTABLE RADIOS	_____	_____
BATTERY CHARGERS FOR RADIOS AND HEART MONITORS	_____	_____
INCIDENT REPORT FORMS	_____	_____
VEHICLE ACCIDENT FORMS AND PROCEDURE	_____	_____
STATION ALERT OPERATION	_____	_____
TOUR OF SHIFT COMMANDER'S VEHICLE	_____	_____
OPERATION OF WASHER/DRYERS IN STATION	_____	_____
LOCATIONS OF HOSPITALS (AGH/BEEBE/PRMC)	_____	_____
SUPPLY RESTOCKING AT HOSPITALS (AGH/PRMC)	_____	_____
MEDEVAC HELICOPTER REQUESTS/LOCATION OF LZ'S	_____	_____
REVIEW LOCATION OF ALL FIRE STATIONS/PARKING	_____	_____
DOCUMENTATION OF OVERTIME	_____	_____

	Date Completed	FTO Initials
Shift Change Form and Trading Shifts	_____	_____
Rider/Observer Waiver Form	_____	_____
First Report of Injury Form	_____	_____
TOC Employee Injury Form Completion	_____	_____
65 th Street/Fire HQ Fuel Depot Operation	_____	_____
TOC Facility AED's (Locations, Use Procedure)	_____	_____

Driving Log (8 Hour Minimum)

Date	Operation (Training or Response)	Duration	FTO Initials	Employee Initials

Total Driving Hours: _____

Field Training Documentation

By signing below, the employee and the Field Training Officer verify that the items signed off on this form have been reviewed.

Date	Shift (A,B,C,D)	Duration (12/24)	FTO-Name	FTO Signature	Employee's Signature

Total Field Training Hours: _____