



ZONE THREE FIRE CADETS

Post Office Box 824 Kent, WA 98035

253-234-7278

Name: _____

Date Started: _____: Should be Completed within 3-6 months from start date.

Goal Date Due: _____ / Date Completed: _____

Task	Evaluator Name and Signoff	Date
Complete Probation Packet		
Review the Rules & Regs with your company officer		
Demonstrate how to roll 1 3/4", 2 1/2" and LDH Hose*		
Load a Pre-Connect Supply Line*		
Properly take (connect a supply line to) a Hydrant		
Properly identify all equipment utilized on Rehab 302 / Cadet 346 #		
Properly identify areas of access available to Cadets w/in a Fire Station with & w/o supervision (walk through with an Advisor)		
Properly identify the major equip. required on an engine as described in Prob. Packet*		
Properly identify all the equip. in an aid kit found on a REHAB Unit and/or CDT46*		
Fully don an SCBA*		
Properly perform & document a Rehab evaluation on a Post member #		

Complete ICS 100 online (Copy of Cert. required)		
Complete a CPR Course (Copy of Cert needed)		
Complete NIMS 700 "On-Line" (Need Copy of Cert)		
Approval of Cadet Company Lieutenant		
Approval of Cadet Captain & or Training Officer		
Approval of Post Advisor		

*Must be evaluated and signed off by a Fire Service Instructor / Advisor

Must be an Advisor familiar with the Rehab Procedure

Notes: