

State Firefighters' and Fire Marshals' Association of Texas

Texas Volunteer Firefighters' and Fire Marshals' Certification Board

Full Legal Name: _____ Birth Date: _____ SSN Last 4: _____ SFFMA ID#: _____

Individual Objective Checkoff Sheet

Introductory

| | |
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| 01 | <input type="checkbox"/> I-01 |
| | <input type="checkbox"/> I-02 |
| | <input type="checkbox"/> I-03 |
| | <input type="checkbox"/> I-04 |
| | <input type="checkbox"/> I-05 |
| | <input type="checkbox"/> I-06 |
| | <input type="checkbox"/> I-07 |
| | <input type="checkbox"/> I-08 |
| | <input type="checkbox"/> I-09 |
| | <input type="checkbox"/> I-10 |
| | <input type="checkbox"/> I-11 |
| | <input type="checkbox"/> I-12 |
| | <input type="checkbox"/> I-13 |

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|----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 02 | <input type="checkbox"/> I-01 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> I-02 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | | | | |
| | <input type="checkbox"/> I-03 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-04 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-05 | | | | | |
| | <input type="checkbox"/> I-06 | | | | | |

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| 03 | <input type="checkbox"/> I-01 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | | | | |
| | <input type="checkbox"/> I-02 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | | | | |
| | <input type="checkbox"/> I-03 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> I-04 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | <input type="checkbox"/> I-05 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> I-06 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | <input type="checkbox"/> I | <input type="checkbox"/> J |
| | | <input type="checkbox"/> K | <input type="checkbox"/> L | <input type="checkbox"/> M | <input type="checkbox"/> N | <input type="checkbox"/> O |
| | | <input type="checkbox"/> P | <input type="checkbox"/> Q | <input type="checkbox"/> R | | |
| | <input type="checkbox"/> I-07 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | <input type="checkbox"/> I-08 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> I-09 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> I-10 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-11 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> I-12 | | | | | |
| | <input type="checkbox"/> I-13 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |

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| 04 | <input type="checkbox"/> I-01 | | | | | |
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| | <input type="checkbox"/> I-03 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | | | |
| | <input type="checkbox"/> I-04 | | | | | |
| | <input type="checkbox"/> I-05 | | | | | |
| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> I-08 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | | | |
| | <input type="checkbox"/> I-09 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-10 | | | | | |
| | <input type="checkbox"/> I-11 | | | | | |
| | <input type="checkbox"/> I-12 | | | | | |
| | <input type="checkbox"/> I-13 | | | | | |
| | <input type="checkbox"/> I-14 | | | | | |
| | <input type="checkbox"/> I-15 | | | | | |
| | <input type="checkbox"/> I-16 | | | | | |
| | <input type="checkbox"/> I-17 | | | | | |
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| | <input type="checkbox"/> I-21 | | | | | |

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| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | | | | | |
| | <input type="checkbox"/> I-08 | | | | | |
| | <input type="checkbox"/> I-09 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| | <input type="checkbox"/> I-13 | | | | | |
| | <input type="checkbox"/> I-14 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-15 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> I-16 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |

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| 06 | <input type="checkbox"/> I-01 | | | | | |
| | <input type="checkbox"/> I-02 | | | | | |
| | <input type="checkbox"/> I-03 | | | | | |
| | <input type="checkbox"/> I-04 | | | | | |
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| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | | | | | |
| | <input type="checkbox"/> I-08 | | | | | |
| | <input type="checkbox"/> I-09 | | | | | |
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| | <input type="checkbox"/> I-11 | | | | | |
| | <input type="checkbox"/> I-12 | | | | | |
| | <input type="checkbox"/> I-13 | | | | | |
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|----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 07 | <input type="checkbox"/> I-01 | | | | | |
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| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | | | | | |
| | <input type="checkbox"/> I-08 | | | | | |
| | <input type="checkbox"/> I-09 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
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| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | <input type="checkbox"/> I | |
| | <input type="checkbox"/> I-11 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> I-12 | | | | | |
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| | <input type="checkbox"/> I-14 | | | | | |

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| | <input type="checkbox"/> I-05 | | | | | |
| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | | | | | |
| | <input type="checkbox"/> I-08 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
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| | <input type="checkbox"/> I-12 | | | | | |
| | <input type="checkbox"/> I-13 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-14 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |

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| | | <input type="checkbox"/> F | <input type="checkbox"/> G | | | |
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| | <input type="checkbox"/> I-06 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-07 | | | | | |
| | <input type="checkbox"/> I-08 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> I-09 | | | | | |
| | <input type="checkbox"/> I-10 | | | | | |
| | <input type="checkbox"/> I-11 | | | | | |
| | <input type="checkbox"/> I-12 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | <input type="checkbox"/> I-13 | | | | | |
| | <input type="checkbox"/> I-14 | | | | | |
| | <input type="checkbox"/> I-15 | | | | | |
| | <input type="checkbox"/> I-16 | | | | | |
| | <input type="checkbox"/> I-17 | | | | | |

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| 16 | <input type="checkbox"/> I-01 | | | | | |
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| | <input type="checkbox"/> I-05 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> I-08 | | | | | |
| | <input type="checkbox"/> I-09 | | | | | |
| | <input type="checkbox"/> I-10 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | | | | |
| | <input type="checkbox"/> I-11 | | | | | |

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|----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
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| | <input type="checkbox"/> I-03 | | | | | |
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| | <input type="checkbox"/> I-05 | | | | | |
| | <input type="checkbox"/> I-06 | | | | | |
| | <input type="checkbox"/> I-07 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> I-08 | | | | | |
| | <input type="checkbox"/> I-09 | | | | | |
| | <input type="checkbox"/> I-10 | | | | | |
| | <input type="checkbox"/> I-11 | | | | | |
| | <input type="checkbox"/> I-12 | | | | | |
| | <input type="checkbox"/> I-13 | | | | | |
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| | <input type="checkbox"/> I-15 | | | | | |
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| | <input type="checkbox"/> I-17 | | | | | |

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| | | <input type="checkbox"/> F | <input type="checkbox"/> G | | | |
| | <input type="checkbox"/> I-04 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-05 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | <input type="checkbox"/> I-06 | | | | | |

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|----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
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| | <input type="checkbox"/> I-03 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-04 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-05 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | <input type="checkbox"/> I-06 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> I-07 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | | | | |

| Categories | | |
|--|-------------------------------------|---------------------------------|
| (shaded categories have no objectives at this level) | | |
| 01 – Orientation & Fire Service History | 09 – Fire & Life Safety Initiatives | 17 – Ground Cover Fire Fighting |
| 02 – Forcible Entry | 10 – Water Supplies | 18 – Hazardous Materials |
| 03 – Fire Service Ladder Practices | 11 – Fire Protection Systems | 19 – Firefighter PPE & SCBA |
| 04 – Fire Hose Practices | 12 – Fire Behavior (Fire Science) | 20 – Ropes |
| 05 – Salvage & Overhaul | 13 – Fire Department Communications | 21 – Portable Extinguishers |
| 06 – Fire Streams | 14 – Fire Cause & Origin | 22 – Building Construction |
| 07 – Ventilation Practices | 15 – Fire Control | |
| 08 – Rescue Operations | 16 – Firefighter Safety & Health | |

State Firefighters' and Fire Marshals' Association of Texas

Texas Volunteer Firefighters' and Fire Marshals' Certification Board

Full Legal Name: _____ Birth Date: _____ SSN Last 4: _____ SFFMA ID#: _____

Individual Objective Checkoff Sheet

Firefighter I

08 I-01 A B C D E
 F G
 I-02 A B
 I-03
 I-04 A B
 I-05
 I-06

09 I-01
 I-02
 I-03
 I-04

13 I-01
 I-02
 I-03
 I-04
 I-05
 I-06 A B C
 I-07
 I-08

14 I-01
 I-02
 I-03
 I-04

15 I-02 A B C D E
 F
 I-03
 I-04
 I-05
 I-06

17 I-01 A B C D E
 F G H I J
 K L M N O
 P Q R S
 I-02
 I-03
 I-04
 I-05
 I-06
 I-07
 I-08

18 I-01
 I-02
 I-03
 I-04
 I-05
 I-06

20 I-01 A B C D E
 F G H
 I-02
 I-03 A B C D E
 F
 I-04 A B C
 I-05 A B C
 I-06 A B C D E
 F G H
 I-07 A B C D E
 F G H I J
 K L M
 I-08
 I-09 A B C
 I-10
 I-11
 I-12

| Categories | | |
|--|-------------------------------------|---------------------------------|
| (shaded categories have no objectives at this level) | | |
| 01 – Orientation & Fire Service History | 09 – Fire & Life Safety Initiatives | 17 – Ground Cover Fire Fighting |
| 02 – Forcible Entry | 10 – Water Supplies | 18 – Hazardous Materials |
| 03 – Fire Service Ladder Practices | 11 – Fire Protection Systems | 19 – Firefighter PPE & SCBA |
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Texas Volunteer Firefighters' and Fire Marshals' Certification Board

Full Legal Name: _____ Birth Date: _____ SSN Last 4: _____ SFFMA ID#: _____

Individual Objective Checkoff Sheet

Firefighter II

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|-----------|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 01 | <input type="checkbox"/> II - 01 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | | |
| | <input type="checkbox"/> II - 02 | <input type="checkbox"/> A | <input type="checkbox"/> B | | | |
| | <input type="checkbox"/> II - 03 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | | |

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| 04 | <input type="checkbox"/> II - 01 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C |
| | <input type="checkbox"/> II - 02 | | | |

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| 06 | <input type="checkbox"/> II - 01 | | | | | |
| | <input type="checkbox"/> II - 02 | | | | | |
| | <input type="checkbox"/> II - 03 | | | | | |
| | <input type="checkbox"/> II - 04 | | | | | |
| | <input type="checkbox"/> II - 05 | | | | | |
| | <input type="checkbox"/> II - 06 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | | |
| | <input type="checkbox"/> II - 07 | | | | | |

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|-----------|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
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| | <input type="checkbox"/> II - 02 | | | | | |
| | <input type="checkbox"/> II - 03 | | | | | |
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| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | | |
| | <input type="checkbox"/> II - 05 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> H | <input type="checkbox"/> I | |
| | <input type="checkbox"/> II - 06 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |

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| | <input type="checkbox"/> II - 11 | | | | | |
| | <input type="checkbox"/> II - 12 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> II - 13 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| | | <input type="checkbox"/> F | | | | |
| | <input type="checkbox"/> II - 14 | | | | | |
| | <input type="checkbox"/> II - 15 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | | |
| | <input type="checkbox"/> II - 16 | | | | | |
| | <input type="checkbox"/> II - 17 | | | | | |
| | <input type="checkbox"/> II - 18 | | | | | |
| | <input type="checkbox"/> II - 19 | | | | | |
| | <input type="checkbox"/> II - 20 | | | | | |
| | <input type="checkbox"/> II - 21 | | | | | |
| | <input type="checkbox"/> II - 22 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | |
| | <input type="checkbox"/> II - 23 | | | | | |
| | <input type="checkbox"/> II - 24 | | | | | |
| | <input type="checkbox"/> II - 25 | | | | | |
| | <input type="checkbox"/> II - 26 | | | | | |
| | <input type="checkbox"/> II - 27 | | | | | |
| | <input type="checkbox"/> II - 28 | | | | | |
| | <input type="checkbox"/> II - 29 | | | | | |
| | <input type="checkbox"/> II - 30 | | | | | |
| | <input type="checkbox"/> II - 31 | | | | | |
| <input type="checkbox"/> II - 32 | | | | | | |

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|-----------|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 11 | <input type="checkbox"/> II - 01 | | | | |
| | <input type="checkbox"/> II - 02 | | | | |
| | <input type="checkbox"/> II - 03 | | | | |
| | <input type="checkbox"/> II - 04 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | |
| | <input type="checkbox"/> II - 05 | | | | |
| | <input type="checkbox"/> II - 06 | | | | |
| | <input type="checkbox"/> II - 07 | | | | |
| | <input type="checkbox"/> II - 08 | | | | |
| | <input type="checkbox"/> II - 09 | | | | |
| | <input type="checkbox"/> II - 10 | | | | |
| | <input type="checkbox"/> II - 11 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |
| | <input type="checkbox"/> II - 12 | | | | |
| | <input type="checkbox"/> II - 13 | | | | |
| | <input type="checkbox"/> II - 14 | | | | |
| | <input type="checkbox"/> II - 15 | | | | |

| | | | |
|-----------|----------------------------------|--|--|
| 13 | <input type="checkbox"/> II - 01 | | |
| | <input type="checkbox"/> II - 02 | | |
| | <input type="checkbox"/> II - 03 | | |
| | <input type="checkbox"/> II - 04 | | |
| | <input type="checkbox"/> II - 05 | | |
| | <input type="checkbox"/> II - 06 | | |
| | <input type="checkbox"/> II - 07 | | |

| | | | |
|-----------|----------------------------------|--|--|
| 14 | <input type="checkbox"/> II - 01 | | |
| | <input type="checkbox"/> II - 02 | | |
| | <input type="checkbox"/> II - 03 | | |
| | <input type="checkbox"/> II - 04 | | |

| | | | |
|-----------|----------------------------------|--|--|
| 15 | <input type="checkbox"/> II - 01 | | |
| | <input type="checkbox"/> II - 02 | | |
| | <input type="checkbox"/> II - 03 | | |
| | <input type="checkbox"/> II - 04 | | |
| | <input type="checkbox"/> II - 05 | | |
| | <input type="checkbox"/> II - 06 | | |
| | <input type="checkbox"/> II - 07 | | |
| | <input type="checkbox"/> II - 08 | | |
| | <input type="checkbox"/> II - 09 | | |
| | <input type="checkbox"/> II - 10 | | |

| | | | | | |
|-----------|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 22 | <input type="checkbox"/> II - 01 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | |
| | <input type="checkbox"/> II - 02 | | | | |
| | <input type="checkbox"/> II - 03 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D |

| Categories | | |
|--|-------------------------------------|---------------------------------|
| (shaded categories have no objectives at this level) | | |
| 01 – Orientation & Fire Service History | 09 – Fire & Life Safety Initiatives | 17 – Ground Cover Fire Fighting |
| 02 – Forcible Entry | 10 – Water Supplies | 18 – Hazardous Materials |
| 03 – Fire Service Ladder Practices | 11 – Fire Protection Systems | 19 – Firefighter PPE & SCBA |
| 04 – Fire Hose Practices | 12 – Fire Behavior (Fire Science) | 20 – Ropes |
| 05 – Salvage & Overhaul | 13 – Fire Department Communications | 21 – Portable Extinguishers |
| 06 – Fire Streams | 14 – Fire Cause & Origin | 22 – Building Construction |
| 07 – Ventilation Practices | 15 – Fire Control | |
| 08 – Rescue Operations | 16 – Firefighter Safety & Health | |