## 3-8: Operate a Portable Master Stream

| Candidate Information |
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| **Candidate Name and SFT ID Number:** |
| **Circle One:** Day 1 First Attempt / Day 1 Second Attempt / Day 2 First Attempt / Day 2 Second Attempt |
| **General Information** |
| **NFPA Standard:** 1001 (2019), 4.3.8 / **CTS Guide:** 3-8 / **Course Plan:** Fire Fighter 1A, Topic 7-1 |
| **Performance Outcome:** Operate as a member of a team to properly deploy and operate a portable master stream device. |
| **Candidate Directions:** You will select and deploy an appropriate line for attacking a live or simulated fire. You will attack and completely extinguish the fire in a safe manner. Loss of control of the master stream device will cause the pump operator shut the pump down and shall constitute and automatic failure. The evolution will begin when I say, "start." The evolution will end when you say, "done." Do you understand the directions? |

| **Performance Measures** (check appropriate box)<br>The candidate must complete all steps (100%) to receive a passing score. | **Pass** | **Fail** |
|---|---|---|
| 1. Wears and uses appropriate PPE/SCBA/equipment at all times during evaluation | | |
| 2. Assembles necessary tools, hose, and appliances for set-up | | |
| 3. Places master stream device (monitor and base) in position with assistance | | |
| 4. Positions master stream device on a solid, level surface | | |
| 5. Secures device according to manufacturer guidelines | | |
| 6. Deploys hose lines and attaches to device | | |
| 7. Ensures all connections are tight | | |
| 8. Sets nozzle to desired elevation and adjusts nozzle pattern (if applicable) | | |
| 9. Directs pump operator to charge device supply line | | |
| 10. Demonstrates setting all device position locks | | |
| 11. Demonstrates directing stream | | |
| 12. Signals pump operator to shut down water supply to device | | |

| Evaluation Results |
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| **Overall Evaluation:** Pass / Fail (circle one) |
| **Student Signature / Date:** |
| **Print Student Name:** |
| **Evaluator Signature / Date:** |
| **Print Evaluator Name:** |
| **Comments:** |