

# Bush Fire Awareness

PUAFIR201A – A Prevent Injury, PUAFIR309A – Operate Pumps,  
PUAEQU001A – Prepare, maintain & test response equipment, FPICOR2204A – Follow fire prevention procedures

## THE ASSESSOR: HOW TO FOLLOW THE ASSESSMENT PROCESS

Follow this assessment process to ensure: consistent recording of skills and knowledge; sufficient reliable evidence is gathered; and consistent application of skills.

### STANDARD ASSESSOR GUIDELINES

#### Step 1 Basic Instructions

##### A Candidate information and preparation

Assessors must confirm that the candidate is ready for assessment prior to commencing the process. The assessment process (including the purpose of the assessment, evidence collection, right to appeal and any special needs) must be explained to the candidate, who should sign in acknowledgement.

##### B Complete all relevant details in the Assessment Tool and Application Form page 1.

##### C Conduct the assessment using the Assessment Tools provided

#### Step 2 Pre-Assessment

Confirm assessment arrangements with candidate and employer/supervisor (if applicable). Work with the candidate to ensure evidence is available for all elements and performance criteria prior to sign-off. **A suitable location with all required materials and equipment** should be arranged with the candidate/employer and confirmed prior to assessment. Equipment must be safe, well-maintained and meet Australian Standards.

#### Step 3 Safety Instructions

**Candidates must use all required PPE and observe safety procedures at all times.**

***The assessment should cease if, in the opinion of the assessor, the candidate's actions put themselves or co-workers at risk of injury, or are likely to damage equipment/materials/products.***

#### Step 4 Legislative/Enterprise Requirements

Assessors should ensure that all relevant health, safety and environment practices are followed, that any site-specific requirements are met and that relevant regulations and/or standards are adhered to.

#### Step 5 Gathering Evidence

**Gather at least three (3) forms of evidence to confirm competence where reasonably practicable.**

Evidence should be gathered through a third party report (where possible), questioning to check underpinning knowledge and direct demonstration/observation. This unit should be assessed in the workplace under normal operating conditions or under conditions that accurately simulate a realistic workplace. Assessors must ensure these requirements are met. **One observation may not be sufficient.**

**A Confirm Consistent Competency (CCC):** Use **Tool 1 Confirmation of Consistency Tool**. Confirm that the person providing the third party report has knowledge of required legislation, regulations, Australian Standards and/or site procedures where these are referred to in the unit of competency and/or are relevant to the assessment. Assessors may also need to support the third party report by reference to a workplace skills expert and site production documents.

**NOTE:** *Verification by a third party is the preferred third form of evidence, however assessors may also be guided by organisational quality documents, log books or other work records that provide **evidence of the candidate's ability to consistently perform the task to the required standard.***

**B Questions:** Use **Assessment Tool 2 Question Guide (Theory Assessment)** to ascertain candidates underpinning knowledge prior to assessing practical skills. **Retain a copy of questions asked and candidate answers with this assessment tool.**

**C Demonstration/observation:** Use **Assessment Tool 3 Demonstration/observation Record (Practical Assessment)** to assess competence in task performance. Assess whether candidate performance is **SATISFACTORY (S)** or **NOT SATISFACTORY (NS)**. Elements or performance criteria that cannot be assessed should be marked UTA (unable to assess) but final sign-off **must not occur** until the candidate is assessed as competent in the skill. Use UTA where the function or equipment is not relevant or used at the site.

**D Other Evidence:** Identify any other relevant forms of evidence to be gathered and indicate in the evidence tool below as required. Include copies of additional evidence documents where appropriate.

**E Complete the assessment tool to indicate whether the candidate's performance is SATISFACTORY (S) or NOT SATISFACTORY (NS). If the candidate is judged to be Not Yet Competent clearly indicate the reasons why, and identify any training or further practice needs if relevant.**

**ASSESSOR MAY REMOVE THIS PAGE**

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## Candidate Details (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Postal Address \_\_\_\_\_ Male / Female  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_  
 Do you wish to identify yourself as Aboriginal or Torres Strait Islander YES / NO  
 Have you been assessed unsuccessfully in the last 7 days? (Circle) YES / NO  
 Do you hold a Certificate II  or Certificate III  in Harvesting/Haulage? Or other \_\_\_\_\_

Experience – years & months \_\_\_\_\_

## Employer

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Business Type: (eg landscaping, council, personal use) \_\_\_\_\_

## Payment Details - Please indicate payment details:

Invoice candidate  Invoice Employer (Purchase Order Number): \_\_\_\_\_  
 Invoice assessor  Credit Card Payment Card number - - - - / - - - - / - - - - / - - - -  
 Invoice (other) Print details below Name on card: \_\_\_\_\_ Card expiry date - - - / - - -  
 Signature of card holder: \_\_\_\_\_  
 Type of Credit Card: \_\_\_\_\_  
(American Express & Diners Cards are not accepted)

## Candidate Agreement

In consideration of the Tasmanian Forest Industries Training Board and the Assessor (collectively "TFITB" which expression shall be taken to include TFITB's servants, agents, accredited assessors, successors or assigns) agreeing to assess my work:

1. I am medically fit and ready for assessment.
2. I release TFITB from all claims which I have, now or later against TFITB whether for:
  - ♦ property damage, personal injury (including death) or otherwise, and whether occasioned by
  - ♦ negligence, breach of contract, breach of statutory duty or otherwise, suffered as a result of or in connection with the carrying out of the assessment.
3. I indemnify and will at all times in the future indemnify TFITB against all proceedings, actions, claims or demands made by any person for:
  - ♦ property damage, personal injury (including death) or otherwise, and whether occasioned by
  - ♦ negligence, breach of contract, breach of statutory duty or otherwise, suffered as a result of or in connection with the carrying out of the assessment.
4. The above release and indemnity given by me to TFITB does not operate as an absolute release or indemnity for the benefit of TFITB, and reduces proportionately, where liability arises from, or is attributable to any:
  - ♦ negligent act or omission; or a civil or criminal wrongful act or omission; on the part of TFITB.

The Board may do all or some of the following:

Issue a licence and store assessment papers; issue a database printout of current licence details to employer (or their agent) if requested; update existing licence endorsements to a common expiry date where appropriate and/or use this tool as evidence of competence in a court of law.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

## Assessor Assessment Results

Assessment Start Date \_\_\_\_\_ Assessment Finish Date \_\_\_\_\_

Outcome of Assessment (Circle) **Competent** **Not Yet Competent**

Name (Please Print) \_\_\_\_\_ Organisation \_\_\_\_\_

Assessor Signature \_\_\_\_\_ Date \_\_\_\_\_

Identification of candidate verified by assessor  Form Checked and Completed

Please bring this completed Application form to the assessor or assessment will not take place.  
 Licences are issued by the Tasmanian Forest Industries Training Board and will not be issued until the licence fee is paid..

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## ASSESSMENT TOOL 1 Confirmation of Consistent Competence

**Evidence confirming consistent competency should be provided by a third party who has knowledge about the candidate's work over a reasonable period of time. This person could be a workplace skill expert/peer, supervisor or team leader.**

**NOTE:** In some circumstances it may not be possible to gather supporting evidence from a third party. In these situations the third part report should be replaced by alternative appropriate evidence such as:

- log book
- site production records or similar work records
- product samples or a portfolio
- site training records

If an alternative source of evidence is used, **then disregard the information below and attach a summary of the alternative source of evidence used.**

### Third Party Report

The purpose of this report is to confirm that the assessment candidate can consistently apply the skills of the unit to the required standard.

In order to complete this report, the third party will need to have direct knowledge of the following:

- job function and the candidate's application of skills to that function.
- any relevant legislation, regulations or Australian Standards.
- the candidate's ability to repeatedly perform to the required standard.

*In the view of the third party making this report, the candidate can consistently apply the skills described in this unit including following site procedures and policies. The candidate's performance is: (tick appropriate)*

S	NS	
<input type="checkbox"/>	<input type="checkbox"/>	Complies with OHS regulations and site policies/procedures.
<input type="checkbox"/>	<input type="checkbox"/>	Has been performing consistently in this task in the workplace.
<input type="checkbox"/>	<input type="checkbox"/>	Complies with site environmental care policies/procedures.
<input type="checkbox"/>	<input type="checkbox"/>	Communicates effectively and efficiently with others in the work area.
<input type="checkbox"/>	<input type="checkbox"/>	Is able to follow all the required job procedures and work orders including responding to tool, machinery, or equipment faults.
<input type="checkbox"/>	<input type="checkbox"/>	Is able to use any relevant tools, machinery, or equipment that may apply to this task.
<input type="checkbox"/>	<input type="checkbox"/>	Identifies and follows organisational policies and procedures and work orders.

Additional Comments:

This report is used as supporting evidence in the assessment process and does not represent a final judgement about the competence of the candidate.

<b>Name of third party:</b>	<b>Phone Number:</b>
<b>Signature of third party:</b>	<b>Date:</b>
<b>Organisation:</b>	<b>Position:</b>

Completed assessment papers and **payment details** are to be forwarded to:  
Tasmanian Forest Industries Training Board PO Box 2146 Launceston Tas 7250

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## ASSESSMENT PLAN SUMMARY

### Pre-Requisites/Co-Requisites

Assessors should confirm that there is evidence of competency in any mandatory pre-requisites.

### Pre-requisites for this unit of competency:

Verified as  
completed **Code & Unit**  
(tick)

FIRE WEATHER EVALUATION

## What will be Assessed?

### The units to be assessed are:

- 1 PUAFIR201A – A Prevent Injury
- 2 PUAFIR309A – Operate Pumps
- 3 PUAEQU001A – Prepare, maintain & test response equipment
- 4 FPICOR2204A – Follow fire prevention procedures

### The Method of Assessment is:

- Use of a third party report to confirm consistent competence, or alternatively a log book, site production records or similar work records, or product samples or a portfolio.
- Questions to check underpinning knowledge.
- Demonstration/observation to determine competence against units listed and underpinning skills.

### The Resources needed for the Assessment are:

- Assessment Tools
- Coupe/Simulated Work Environment
- Fire Fighting Equipment
- First Aid Equipment
- Hand Tools
- Personal Protective Equipment
- Site Documents
- Water Source

## Key Competency details for these Units of Competency:

**Key competencies:** collecting, analysing and organising information (2); communicating ideas and information (2); planning and organising activities (2); working with others and in teams (2); using mathematical ideas and techniques (2); solving problems (2); using technology (2).

The level of key competencies will be determined by the certificate level.

Level 1: basic

Level 2: perform

Level 3: plan, design

**NOTE:** This assessment plan outlines the **minimum standard** endorsed by TFITB and Forest Industry.

## Instructions to Assessors

All critical questions are marked with a star (★).

The candidate may get two (2) non-critical questions incorrect and still be considered competent.

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## ASSESSMENT TOOL 2 - Theory Assessment

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

## ASSESSMENT TOOL 2 - Theory Assessment

S      NS

1 ★ Name **three (3)** items of Personal Protective Equipment (PPE) that should be worn whilst in a fire situation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2 ★ Clothing made from what sort of material **must not** be worn during fire a situation?

(Circle the correct answer)

- Synthetic
- Wool

3 Describe what is an emergency meeting point number?

\_\_\_\_\_

4 ★ In the event of a fire on your operation what is the notification procedure?  
List two (2) examples

1. \_\_\_\_\_
2. \_\_\_\_\_

5 ★ List **six (6) hazards** to yourself, associated with fire situations.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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**S**      **NS**

**6**  
★

If trapped by a fire in a vehicle what are **four (4)** things you should do to protect yourself?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**7**  
★

Describe **four (4)** ways of protecting yourself from the radiant heat of a bushfire away from your vehicle?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**and**

List **two (2)** precautions to protect yourself from being overcome by smoke.

1. \_\_\_\_\_
2. \_\_\_\_\_

**8**  
★

What are **two (2)** safety precautions that should be taken when fire fighting near fallen or sagging power lines?

1. \_\_\_\_\_
2. \_\_\_\_\_

**9**  
★

What is meant by the Acronym L.A.C.E.S.?

- L** \_\_\_\_\_
- A** \_\_\_\_\_
- C** \_\_\_\_\_
- E** \_\_\_\_\_
- S** \_\_\_\_\_

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<b>S</b>	<b>NS</b>
<input type="checkbox"/>	<input type="checkbox"/>

**10** Why is foam added to water for fire fighting?

Circle the three (3) correct answers.

1. It restricts some of the fuel available
2. To increase flow rate
3. Smothers the fire
4. Spreads the water further by lowering surface tension
5. To increase water capacity

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**11** What is the correct foam % for the following two procedures?

Knockdown? \_\_\_\_\_

Mop Up? \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**12** Give an example of where you would use the following pumps?

Low pressure/high volume:

\_\_\_\_\_

High pressure/low volume

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**13** What is the purpose of a foot valve on a suction hose

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**14** Give **three (3)** examples of what could prevent a pump from priming.

★

List **three (3)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**15** Where is the employer's safety management system or OH & S policy located?

\_\_\_\_\_

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**S**      **NS**

**16**  
★

A communication **must** is that workers need to be:

*Circle the correct answer.*

1. *In eyesight*
2. *Contactable*
3. *In phone range*
4. *Sending smoke signals*

**17**

Circle all effective communications on your worksite.

1. Mobile phone
2. UHF/VHF radio
3. Hand signals/body language
4. Verbal
5. Signage

**18**  
★

What would you immediately do if you find a hazard or faulty equipment - i.e. if your pump stops functioning on the worksite?

*(Circle the correct answer/s)*

1. Notify supervisor
2. Do nothing
3. Tag out (Company Policy)
4. Remove from worksite
5. Try to rectify the problem

**19**  
★

If you identify an OHS issue on your worksite, what further steps could be taken?

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S      NS

20

List **one (1)** example of a stressful workplace situation that may be encountered on your operation and what would you do about it?

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21



What do you do if someone is suffering symptoms of dehydration or heat stress?

Circle **the seven (7)** the correct answers.

1. *Remove to a cool place*
2. *Supply with a six pack*
3. *Loosen clothing*
4. *Maintain fluid intake*
5. *Avoid further exertion*
6. *Seek medical advice*
7. *Leave person alone*
8. *Inform supervisor*
9. *Encourage rest*

22

List **three (3)** possible sources of water for fire fighting purposes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

23



Due to friction loss, if you lose 50 kPa over a 30m length of hose, how many kPa will you lose over 90m?

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**S**

**NS**

**24**  
★

List **three (3)** problems that could prevent water delivery to your nozzle.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**25**

Give an example of what should be done with canvas hoses after use and before storage?

\_\_\_\_\_

**26**  
★

What are four (4) potential fire risks on your worksite?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**27**  
★

List two (2) obvious signs of fire on your worksite?

1. \_\_\_\_\_
2. \_\_\_\_\_

**28**

Give at least two (2) examples of how you could avoid unlawful discrimination and harassment against any other person in the workforce.

1. \_\_\_\_\_
2. \_\_\_\_\_

**29**

What records are kept on equipment maintenance and testing?

\_\_\_\_\_

## ASSESSOR USE ONLY

(tick if applicable)

This was a verbal theory assessment



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Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

## PART A Safety

- | S                        | NS                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Personal Protective Equipment (PPE)           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has effective communication been established? |

**IF ANY OF THE TWO CRITERIA ABOVE ARE NOT MET THE ASSESSMENT MUST NOT PROCEED**

### ➡ STOP POINT

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Works as part of a team.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Communicates with others on the team.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Follows all OH & S procedures and maintains a safe workplace.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did the operator follow the Forest Practices Code or relevant environmental guidelines? |

## PART B Hand Tools

- | S                        | NS                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Correct equipment is selected.               |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Carries hand tools correctly.                |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Uses hand tools correctly.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Ancillary equipment is collected and stowed. |

## PART C Pumps

- | S                        | NS                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Pump positioned correctly.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Primes pump correctly.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Fills tank.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Pumps water from hose.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Recirculates water.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Produces foam (if available).                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. On completion, winds hose back onto hose reel. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Ancillary equipment is collected and stowed.   |

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## Part E Assessment Context (tick the appropriate box/boxes to the left of each entry)

	Setting/Conditions		Machinery/Technology		Materials
	Location:-		Type of pump used:-		Foam used (if applicable)
					Canvas/duraline/hose
					Other
			Hand tools used: -		
	Vegetation types:-				
	On site hazards:-				
	Ground Conditions:- (describe – slope/topography etc)				
	Weather Conditions:-				

Comments clarifying the assessment/Feedback to candidate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed assessment papers and **payment details** are to be forwarded to:  
 Tasmanian Forest Industries Training Board  
 PO Box 2146 Launceston TAS 7250

To be acknowledged by **Candidate:**

- I acknowledge that
- The assessment process was fully explained to me, and that I received a copy of this recording tool prior to assessment,
  - The assessment process has been followed,
  - I accept the decision of the assessor OR
  - I have the right to appeal to the board of the TFITB if I disagree with the assessor's decision.

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_