

Bensenville Fire Protection District No. 2

Fire Chief Mike Spain

500 S. York Bensenville, IL 60106

Phone 630-350-3441

Part Time Employment 36-Hour Orientation Program

Objective: The following program given the part time Certified Firefighter/Paramedics will aid and start the new employee on the right path to a successful employment with the Bensenville Fire District. This shall serve as an overview of Bensenville Fire District operations. This program will be held at 100 % proficiency.

Attempt to drive to Elmhurst, ABMC, and Loyola Hospitals throughout the orientation.

Shift One (Morning) Date ___/___/_____ Instructor _____

New Employee Introduction

Shift Line-up and Shift board introduction

Does employee have the following equipment? Passport Tags, Full PPE, SCBA Mask, Uniforms, SMO Book

SCBA Overview after line-up

Ambulance morning check and Ambulance inventory

Ambulance Computer: Signing in, Rebooting process, Familiarization with Zoll Rescue Net, etc.

House duties

Shift One (Afternoon) Date ___/___/_____ Instructor _____

SOG location

Make copies of District map and test for Employee

Administrative Overview: Email, phone operation and proper etiquette, pay sheets, time off requests.

B/C Signature _____ Date ___/___/_____

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Shift Two (Morning) Date ___/___/___ **Instructor** _____

Ambulance Inventory and Morning checks

SMO overview

Ambulance Computer

Shift Two (Afternoon) Date ___/___/___ **Instructor** _____

Ambulance Computer

SMO overview

Fire Operation overview and expectations of employee

Overview of Station 17 rig compartments

B/C Signature _____ **Date** ___/___/___

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Shift Three (Morning) Date ____/____/____ Instructor _____

SMO oral quiz from Lead Medic of the day

Ambulance inventory oral quiz from Lead Medic of the day

Review deployment of the hose loads: Pre-connects, Skid, Exposure, and Supply.

Fire Hydrant Connection

Shift Three (Afternoon) Date ____/____/____ Instructor _____

Rig and Fire Operations

SCBA Donning, Doffing, Emergency Procedures, Pack Shifting/Removal

Issue Employee Probationary training packet (if applicable)

After completion of three day training program Employee should have a good idea of day to day operations. This three day overview is a simple guide to Bensenville Fire/Medic operations. This program shall not supersede the goals set forth by the shift commander for that day of shift.

Employee Signature _____ Date ____/____/____

B/C Signature _____ Date ____/____/____

Comments for New Employee: (Ie. Where is improvement needed, where did they excel, what was not accomplished, etc.)

Day #1: _____

Day #2: _____

Day #3: _____

Fire Chief Signature _____ **Date** ____/____/____