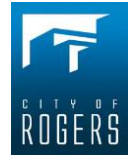




**Rogers Fire Department  
Minimum Company Standards  
Automatic Aid Supplement  
4th Quarter 2018**



*The following Minimum Company Standard competencies are to be completed by Rogers Fire Department companies in cooperation with our automatic aid partners. Specifically, these competencies are to be completed with the on-duty fire personnel of the Lowell Fire Department. It is the responsibility of the company officers at both Station 6 and Station 7 to coordinate with each other and the corresponding Lowell Fire Department personnel to establish a mutually agreed upon place and time to complete these competencies while keeping in mind the need to provide adequate fire coverage to both cities.*

Date Initiated: \_\_\_\_/\_\_\_\_/ 2018    Shift: \_\_\_\_\_    Station: \_\_\_\_\_    Company Officer: \_\_\_\_\_

Minimum Company Standard Competency	Time	DATE	Company Officer Initials	Automatic Aid Officer Initials
<i>Fire Apparatus Placement</i>				
Review and discuss SOP 505 Fire ground Apparatus Placement				
<i>FIRE SUPPRESSION TRAINING</i>				
Review and discuss RFD SOP 512 Flue Fire Response				
Review and discuss Standing Orders for Flue Fires Automatic Aid Dept.				
Familiarize the equipment used by both departments for flue fire responses				
<i>1410 Evolution</i>				
Forward lay from a hydrant to a ladder and flow the aerial				
<i>Building Tour</i>				
Contact mutual aid department and coordinate a tour in an adjoining FMA				

The undersigned confirms that the above fire company has received training in the skills and knowledge and proficiently demonstrated all competencies to the standards established by the Rogers Fire Department. The signatures below certify the fire company has successfully completed all applicable requirements of the minimum company standards within the established time frame and standard.

\_\_\_\_\_  
Company Officer Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Automatic Aid Officer Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Captain Training Division

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Battalion Chief Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date