



MONMOUTH COUNTY FIRE ACADEMY
1027 Highway 33, East
Freehold, N. J. 07728

Firefighter 1 Pre-orientation exam

This test is based on the FF1 application that each student has acknowledged signing

Student Name: _____

Fire Company / Department: _____

Date: _____

1. Please identify your company or department county number designation: _____

2. What is the highest ranking official in your fire department? _____

3. Where is your department exposure control plan kept, that you acknowledged your fire department has reviewed with you: _____

4. Identify 1 department SOP: _____

5. Identify the number of apparatus and their type assigned to your station: _____

6. Provide a brief history of your company : _____

7. If you are exposed to a bloodborne pathogen, what is your first step based on your department's exposure control plan: _____

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8. After reading the fire academy rules and regulations page, after how many offenses or violations can a student be terminated from the program? _____
9. What time do classes begin in the evening? _____ During the day? _____
10. A student who arrives with a beard is in violation of OSHA regulation 29 CFR 1910.134

TRUE

FALSE