

**Orange County Operational Area  
CICCS Applicant Review Checklist  
Safety Officer, Line**

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|--|------|
| Applicant Name:  |      |
| Applicant Title:   |      |
| Applicant Agency:  |      |
| Date:  |      |
| <b>Required Training Courses</b>   |      |
| <ul style="list-style-type: none"> <li>◀ Annual Fireline Safety Refresher (RT-130)</li> </ul>  |      |
| Comments:  |      |
| <b>Required Experience</b>   |      |
| <ul style="list-style-type: none"> <li>◀ Satisfactory performance as any qualified Strike Team Leader (STCR, STEN, STDZ, STPL) or Incident Commander Type 4 (ICT4)</li> </ul> <p style="margin-left: 20px;">and</p> <ul style="list-style-type: none"> <li>◀ Safety Officer, Line Trainee assignment(s) and task book completed               <ul style="list-style-type: none"> <li>◀ Cover page                      ◀ Verification page                      ◀ Evaluation page(s)</li> <li>◀ Supporting Documentation (225's, 204's, Training Records)</li> </ul> </li> </ul> |      |
| Comments:  |      |
| <b>Physical Fitness Level</b>  |      |
| <ul style="list-style-type: none"> <li>◀ Fitness requirement (moderate) met as indicated in the Chief's letter.</li> </ul>   |      |
| <b>Suggested Training Courses Completed (check completed courses)</b>  |      |
| <ul style="list-style-type: none"> <li>◀ Intermediate ICS (1-300)</li> </ul>   |      |
| Comments:  |      |
| <b>Chief's Letter</b>  |      |
| <ul style="list-style-type: none"> <li>◀ Signed Original                      ◀ Dept. Letterhead                      ◀ Recommends Approval</li> </ul>   |      |
| <b>CICCS Committee Chair Signature</b>   |      |
| I certify that this employee meets the minimum standards for the position listed above and has been approved by the Orange County Area CICCS Committee.  |      |
| CICCS Chairperson  | Date |