



Review Quiz For IMA Candidate/Observer

1. Sheriff Department regulation require Coast Guard-approved life jackets (PFD) to be worn by:
 - A. Everyone aboard the vessel.
 - B. Only children under 12 years of age on board the vessel.
 - C. Adults on board with a rank of Lieutenant or higher.
 - . Both B and C.

2. According to the Pre Underway Check List, how long should the engine blower be operated before starting the engine?
 - A. Two minutes
 - B. Only if when inspecting the engine compartment, gas fumes are noted
 - C. Four minutes
 - D. One minute

3. Marine 9 carries 3 fire extinguishers on board. All three are type B. What does the letter "B" indicate?
 - A. The type of fire it is designed to extinguish
 - B. Size of the extinguisher
 - C. The capacity of the extinguisher
 - D. The type of mount to be used with the extinguisher

4. After the initial set up operation and the vessel is ready to be lowered into the water, where are the fire extinguishers located?
 - A. Aft of the Operators seat on the cushion
 - B. Always in the forward "V" portion for easy access
 - C. Next to the engine compartment
 - D. One inside cabin aft port and two in brackets mounted to the starboard outside bulkhead.

5. With three IMA members, an observer and a Sheriff Deputy on board, on a routine vessel stop, where should the Observer stand?
 - A. In cockpit
 - B. In Cabin
 - C. On Bow
 - D. In doorway

6. With IMA members and a Sheriff Deputy on board, on a routine vessel stop, what is meant by "code green"?
 - A. The water is of a clarity to navigate in close to shore
 - B. The Deputy has given the signal that is clear to join him/her in the cockpit as any danger has passed.
 - C. The red oil engine light has extinguished
 - D. Lunch time.

7. According to Navigation Rules, which channel on a marine VHF radio is used only for emergency and hailing of another vessel:
 - A. Channel 21A
 - B. Channels 16, 21A, 20A and 70
 - C. Channel 911
 - D. Channel 16

WAIVER OF LIABILITY

I hereby waive and release the County of Washoe, their agents and employees, from any and all liability which may occur during my participation in the community relations project sponsored by the Washoe County Sheriff's Office, whether such liability arises during my participation in this program or by virtue of and resulting therefrom.

I fully realize the risks involved in traveling with any on-duty employee of the Washoe County Sheriff's Office, whether on foot, in a vehicle, vessel, aircraft, or other apparatus, and the many varied problems that they may encounter, the duties they must perform, and the dangers that may confront them. I assume all those possible risks of harm, injury or danger to me.

I knowingly waive and relinquish from any and all liability, the County of Washoe and its agents and employees whether arising from personal injury or property damage, and whether grounded in tort, contract or other legal theory. The Sheriff's Office and its personnel assume no duty to care for me, to prevent me from incurring any injury or damage, or in any way to look after my safety or wellbeing.

I will participate in this program and accompany personnel of the Washoe County Sheriff's Office voluntarily and knowing the attendant risks.

I am not an employee of the Washoe County Sheriff's Office. Initial: _____

Signature

Date

Witness Signature

Date

If under the age of 18 and still in school, parent must also sign:

Parent's Signature

Date

WASHOE COUNTY SHERIFF'S OFFICE
RIDE-ALONG PROGRAM

Date: _____

Name: _____
Last First Middle

Physical Address: _____

Home Phone: _____ Work/Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

Drivers License # _____ Exp. Date _____

Have you ever been arrested? Yes No

If yes, describe: _____

Reason for Ride-Along: _____

Day of Week/Shift Choice(s):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Day: 6:00am – 2:00pm Night: 2:00pm – 10:00pm Mid: 10:00pm – 6:00am

Records Check: (Clear – N/A, Hit – X)

DMV: _____ CJIS: _____ Wants/Warrants: _____

Please attach all hits to form ***Please attach a copy of a photo ID***

Checked by: _____
Name Date

Approved for Ride-Along: _____
Name Comm. # Date

Ride-Along completed with: _____
Name Comm. # Date