Personal Qualification Standard (PQS)
Recreation Kayak/Stand-Up Paddleboard Guide

Guide Candidate: ________________________________

This PQS is designed to be completed under the guidance of a mentor. Any mentor signing off on a task needs to be qualified personnel designated by the Department of Wellness and Recreation. The purpose of the PQS is to allow crew members to gain experience and knowledge working under a qualified mentor, while working as crew during normal operations. This allows for specific “on the job” training with the vessels being used, and the operational area being worked in. Mentors should only sign off on tasks once the trainee is competent in performing the task independently. Once all sections are complete, the Mentor should notify the Department and schedule a checkoff.

Initial Certifications

Completed

__________ Obtain state of Florida Boating Safety Education Card. A copy should be submitted with this completed PQS.

__________ Current First Aid certification. A copy should be submitted with completed PQS.

__________ Current CPR certification. A copy should be submitted with completed PQS.

__________ Complete Level 2 American Canoe Association (ACA) “Essentials of Kayak Touring” and “Essentials of Stand Up Paddleboarding”

__________ Perform as helper on 3 kayak or paddleboard excursions.

__________ Perform as helper on 2 nighttime kayak or paddleboard excursions (if required).

__________ Participate in one in-service training in which possible emergencies are practiced.

__________ Discuss the emergency action plan with a mentor.

Accomplished:

Applicant Signature ________________________________ Date _____________

Trainer Signature ________________________________ Date _____________

PI Signature ________________________________ Date _____________
Pre-Trip Preparation and Departure

Completed

_________ Organize proper amount of paddling equipment for number of participants.

_________ For night excursions, organize and test all lights.

_________ Organize proper safety gear for excursion.

_________ Give safety briefing.

_________ Give orientation to equipment and basic paddling techniques.

_________ Get participants safety onto kayaks or paddleboards.

_________ Demonstrate proficiency in safely leaving launching area.

_________ Organize participants.

_________ Follow radio protocol.

Accomplished:

Applicant Signature ___________________________ Date _____________

Trainer Signature ___________________________ Date _____________

PI Signature ___________________________ Date _____________

Boating Safety Officer: Capt. Aarin-Conrad Allen, MS
**Underway**

**Completed**

- Demonstrate proficiency in safely maneuvering vessel underway.
- Demonstrate ability to keep all participants within visual and audible range.
- Demonstrate proficiency in safely returning to launching area, and boat retrieval.
- Demonstrate knowledge of communications equipment, use, limitations, and frequency. Hand radio, cell phone; as applicable to operating area.
- Demonstrate knowledge of emergency signaling devices: whistles, lights at night.
- Tie the following knots and state their use. Bowline and sheet bend.

Perform self-rescue by “falling” off/out of kayak and paddleboard and be able to mount by oneself.

Perform rescue by aiding a fellow paddler and towing them to shore.

- Demonstrate ability to navigate the common route.
- Demonstrate ability to troubleshoot problems while underway.

**Accomplished:**

Applicant Signature_________________________ Date__________

Trainer Signature__________________________ Date__________

PI Signature______________________________ Date__________
Post Trip Tasks

Completed

__________ Safely extract all equipment from the water.

__________ Remove and return all gear that does not remain stored aboard.

__________ Rinse kayaks, paddleboards, and paddles.

__________ Close out float plan.

Accomplished:

Applicant Signature__________________________ Date____________

Trainer Signature____________________________ Date____________

PI Signature_______________________________ Date____________