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/or “Essentials of Stand Up Paddleboarding”.

_______ Perform as helper on 3 jonboat, kayak or paddleboard excursions.

_______ Perform as helper on 2 nighttime jonboat, kayak or paddleboard excursions (applicable only to those who wish to operate kayaks at night). □ N/A.

_______ 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.
  (applicable only to those who wish to operate kayaks at night).  ☐ N/A.
- ________ Organize proper safety gear for excursion.
- ________ Give safety briefing.
- ________ Give orientation to equipment and basic paddling techniques.
- ________ Get participants safety onto jonboats, kayaks or paddleboards.
- ________ Demonstrate proficiency in safely leaving launching area.
- ________ Organize participants.
- ________ Follow radio protocol.

**Accomplished:**

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**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 jonboat, 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 jonboats, kayaks, paddleboards, and paddles.
- Close out float plan.

Accomplished:

Applicant Signature __________________________ Date __________

Trainer Signature __________________________  Date __________

PI Signature _______________________________  Date __________