



OHIO DEPARTMENT OF PUBLIC SAFETY
ACCORDION HOSE LOAD (REVERSE LAY)



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
Primary Task	Accordion Hose Load (Reverse Lay)	JPR(s)	5.5.2
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	33-2
Candidate Instruction	<p>The student, wearing the appropriate level of personal protective clothing, shall demonstrate the accordion hose load for reverse lay. The student shall load all three (3) sections of 2 ½" hose. The student may use the evaluator as an assistant. However, the student must instruct the evaluator as if he / she had no prior hose loading knowledge. An evaluator or an assistant may assist with the completion of this skill. This objective must be completed within 10 minutes. Upon completion of the evaluation, the student must unload the hose and return it to the condition it was found.</p>		State Maximum Allotted 10 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
Safely performs the following steps:	P	F	P	F	P	F
Student must be wearing the appropriate level of personal protective equipment.	<input type="checkbox"/>					
Lays first length on edge against divider / partition with female coupling to front of bed.	<input type="checkbox"/>					
Folds hose upon itself even with rear edge of bed.	<input type="checkbox"/>					
Continues loading hose in folds / on edge across the bed.	<input type="checkbox"/>					
Creates "Dutchman" folds as needed to assure straight hose deployment.	<input type="checkbox"/>					
Skill shall be completed within ten (10) minutes.	<input type="checkbox"/>					

Firefighter must have at least 70% pass mark for each skill and perform all critical points (5/6 required).	Score: ___ / 6
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NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	/ 6	/ 6	/ 6
TIME			
EVALUATOR COMMENTS			

PRINT NAME FIRST EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE FIRST EVALUATOR X		Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail
PRINT NAME SECOND EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE SECOND EVALUATOR X		Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail
PRINT NAME THIRD EVALUATOR	CERT #	SKILL TEST DATE / /
SIGNATURE THIRD EVALUATOR X		Overall Skill Sheet Score <input type="checkbox"/> Pass <input type="checkbox"/> Fail