



OHIO DEPARTMENT OF PUBLIC SAFETY
LADDERS – OPERATING A HOSE LINE



CANDIDATE NAME (Please Print)	DATE
CHARTER	CHARTER #

FIREFIGHTER I	PRACTICAL SKILL EVALUATION		
Primary Task	Ladders – Operating A Hose Line	JPR(s)	5.3.10
Reference Source	NFPA 1001 Standard, 2013 Edition	Skill No.	7-7
Candidate Instruction	The candidate, wearing personal protective equipment and SCBA, will operate a charged hose line (1½” diameter or larger) while secured to a ground ladder.		State Maximum Allotted 2 minutes

PERFORMANCE STEPS	TEST 1		RETEST 2		RETEST 3	
LADDERS – OPERATING A HOSE LINE	P	F	P	F	P	F
Verifies that ladder is securely tied off and properly heeled.	<input type="checkbox"/>					
Climbs ladder, maintaining 3 points of attachment, carrying a hose rope tool or webbing to secure hose to the ladder.	<input type="checkbox"/>					
Climbs to proper position and performs a leg lock or secures to ladder with ladder belt. — CRITICAL POINT	<input type="checkbox"/>					
Brings up charged hose line using the hand - over - hand method.	<input type="checkbox"/>					
Places nozzle over the rung approx. 12” and secures hose to the ladder using hose rope tool or webbing.	<input type="checkbox"/>					
Directs hose line to be secured to the ladder every 20’.	<input type="checkbox"/>					
Operates then closes nozzle slowly to prevent water hammer.	<input type="checkbox"/>					

Firefighter must have at least 70% pass mark for each skill and perform all critical points (5/7 required). The charter training program may demonstrate and / or simulate this skill.	Score: ___ / 7
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NUMBER OF ATTEMPTS	TEST 1	RETEST 2	RETEST 3
SCORE	<i>17</i>	<i>17</i>	<i>17</i>
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