

Grant County Fire District 3

Physical Agility Test

Applicant: _____

This test is designed to evaluate the physical agility of the applicant and determine if he/she is capable of performing tasks similar to those encountered in everyday firefighting operations. The test will be considered pass/fail. Once the applicant has failed a task, they will be eliminated from the testing process.

The applicant will wear complete structural firefighting protective clothing for the entire testing process.

Blood Pressure _____ Pulse _____ Respirations _____

Self-Contained Breathing Apparatus

Pass _____ Fail _____

Wearing complete structural clothing the applicant will don a blocked-out face piece. The Face piece will not be connected to the breathing apparatus. Once dressed, the applicant will sit in a chair for two minutes. When told to, he/she will crawl down a simulated hallway, 50 feet in length. After completing this, the applicant will be told to remove the entire SCBA and move on to the remainder of the test.

Extension Ladder Climb

Pass _____ Fail _____

The applicant will climb to the top and back down a 24-foot extension ladder that has been extended a minimum of 20 feet and place against a building.

Electric Ventilation Fan Carry

Pass _____ Fail _____

The applicant will carry the electric ventilation fan at their waist twenty feet without stopping or putting it down.

2 ½” Hose Carry

Pass _____ Fail _____

The applicant will remove a 100-foot bundle of 2 ½” hose from the hose bed of a fire engine and carry the hose on their shoulder, without dragging it, 100 feet to a traffic cone, return to the engine, and lower it to the ground without dropping it. (Weight will be approximately 86 pounds).

1 ¾” Hose Drag

Pass _____ Fail _____

The applicant will pick up the nozzle end of a 150 foot section of 1 ¾” hose that is charged at 150 psi, the applicant will then drag it 75 feet to the traffic cone and place the hose on the ground without dropping it. This is a timed event of twenty second or less without stopping your momentum.

Blood Pressure _____ Pulse _____ Respirations _____

Time: _____ Pass _____ Fail _____

Evaluator: _____ Date: _____