



Office of Training  
and Certification

# New Jersey Division of Fire Safety

## *BASIC PRACTICAL SKILLS EXAMINATION REPORT*

Skill sheet #

**FF1-49**

Certification title

**Firefighter 1**  
**Perform Hydraulic Ventilation**

### Applicant Information

Candidate name

DFS ID #

Course #

### Evaluation

**Standard:**  
NFPA 1001, 2019 Edition  
**Skill Drill 13-5**  
Fire Fighter I, 4.3.12

**Task**

Properly perform hydraulic ventilation.

**Conditions and Outcome**

The candidate shall be provided with full personal protective equipment (PPE) and a hose line. The candidate shall demonstrate the ability to properly perform hydraulic ventilation.

| Number   | Task Steps  | First Test   |      | Retest #1  |      | Retest #2 |      |
|--|---|--|------|--|------|-----------|------|
|  |   | Pass   | Fail | Pass   | Fail | Pass      | Fail |
| <b>1</b>   | Enter the room and remain close to the ventilation opening. Place the nozzle through the opening and open the nozzle to a narrow fog pattern.                         |  |      |  |      |           |      |
| <b>2</b>   | Keep directing the stream outside and back into the room until the stream almost fills the opening. The nozzle should be 2 to 4 ft (0.6 to 1.2 m) inside the opening. |  |      |  |      |           |      |
| <b>3</b>   | Stay low, out of the heat and smoke, or to one side to keep from partially obstructing the opening.   |  |      |  |      |           |      |
| <b>Final Test Result for Entire Task</b>   |   |  |      |  |      |           |      |
| Evaluator signature & comments, Test #1  |   | Evaluator signature & comments, Retest #1  |      | Evaluator signature & comments, Retest #2  |      |           |      |
|  |   |  |      |  |      |           |      |
| Evaluator signature  |   | Evaluator signature  |      | Evaluator signature  |      | Date      |      |
| Date   |   | Date   |      | Date   |      | Date      |      |
| Candidate signature & acknowledgement, Test #1   |   | Candidate signature & acknowledgement, Retest #1   |      | Candidate signature & acknowledgement, Retest #2   |      |           |      |
| By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments |   | By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments |      | By my signature below I acknowledge I have read and understood the evaluation results and evaluator comments |      |           |      |
| Candidate signature  |   | Candidate signature  |      | Candidate signature  |      | Date      |      |
| Date   |   | Date   |      | Date   |      | Date      |      |

Form DFS-SS-1, 10/12

Approved by NJ SME Committee 11/20/2020

Updated by NJ SME Committee 3/8/2021