

**Coral Gables Fire Department  
2151 Salzedo Street  
Coral Gables, Florida 33134**

**FIREFIGHTER PHYSICAL ABILITY TEST**

**IMPORTANT INFORMATION:**

- Firefighter Physical Ability Test outline
- All applicants **MUST** register for the **Firefighter Physical Ability Test** prior to test date
- The Physician Statement **MUST** be signed by a doctor
- Hold Harmless Agreement **MUST** be notarized

**IMPORTANT REMINDERS:**

- Arrive 15 minutes prior to your scheduled time
- Wear appropriate clothing: T-Shirt and long pants (i.e. workout pants & joggers) are REQUIRED. No Jeans.
- Bring the following items to test:
  - Valid photo ID
  - Completed Physician Statement and Hold Harmless Agreement
  - Food and water

**FIREFIGHTER PHYSICAL ABILITY TEST**

The Coral Gables Fire Physical Test is based upon a comprehensive job task analysis; this determined tasks that are deemed critical ones performed frequently by firefighters.

**Part I** - The physical agility test is a validated job-simulation test is used to objectively measure firefighter performance. The tasks are performed sequentially, and accurately reflect the metabolic demand imposed on a firefighter during actual emergency situations.

Not all fires are the same, and it is not possible to anticipate every emergency scenario. However, a firefighter who can complete the tasks listed below within the recommended time frame possess the level of fitness necessary to meet most emergency demands.

**Part II-** Is accomplished by wearing a 25 pound weighted vest. The events are done sequentially and must be completed within 7 minutes. The clock does not stop until all five events are completed. However, a candidate should pace his/her self and no running is allowed at any time during the entire test.

**Failure of the event will happen, if the participant fails to listen to the specific instructions given by the staff of the Coral Gables Fire Department.**

## **PART I**

### **Task 1 - High-rise Stair-Climb Evolution**

Start behind the red line. The high-rise hose pack shall be placed on the **Right shoulder**. The **free left hand** is to be used on the handrail for balance only.

NOTE: The handrail cannot be used to pull yourself up or pivot around landings.

Contact must be made with every step. Do not skip a step ascending or descending. The hose pack must be deposited on the fifth floor landing at the spot marked with an X.

### **TASK 2 - Hoist Evolution**

Walk to the fifth floor; step up and out onto the balcony. Stand behind the red line; use a hand-over-hand method to pull the rolled hose to the top of the railing. Lift the hose roll over the railing and place it on the floor.

Return to the fifth floor landing and place the high-rise hose pack on the **Left shoulder**. Descend the stairs using the handrail for balance only.

**NOTE: Contact must be made with every step. Do not skip a step or run at any time.**

Once at the base of the stairs, place the high-rise hose pack on the ground and proceed to the Forcible Entry Evolution.

### **TASK 3 - Forcible Entry Evolution**

Position both feet on the diamond plate so your toes are even with the weighted slide. Bend forward so you can see the end of the slide at all times. With nine pound dead-blow hammer, using short hard strokes, drive the slide until it clears the markings.

**NOTE:** The body must be kept in the bent forward position and the eyes on the target at all times. The hammer head cannot be raised higher than the 10 o'clock position, and the hands must not move on the hammer handle.

Carefully set the hammer down and proceed to the Hose Advance Evolution.

### **Task 4 - Hose Advance Evolution**

Pick up the nozzle and place it over either shoulder and drag a charged 1.75-inch hose line straight forward 75 feet. The evolution is finished when the nozzle completely crosses the line between the cones. If you should slip, get up and continue on.

**NOTE:** Hands should be placed on the hose or coupling, not the nozzle and the nozzle should reach the waist.

Place the nozzle on the ground and walk around the cones to the Victim Rescue Evolution. Automatic failure will occur if the nozzle is dropped.

### **Task 5 - Victim Rescue Evolution**

Pick up the rope of the simulated victim and drag it, walking backwards only, 100 feet to the marked finish line. This evolution and Part I of the test are completed when the victim completely clears the finish line.

**NOTE:** If you should slip, get up and continue on.

**Automatic failure will occur if, the exercise is not properly completed.**



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### **PHYSICIAN STATEMENT**

- **The Physician Statement must be signed by a doctor**
- **Keep a photo copy of this document for your records**

I am familiar with the requirements of the Coral Gables Fire Departments Physical Ability Test.

I examined \_\_\_\_\_ (Patient's Name).

on \_\_\_\_\_, (Date) and found nothing to indicate that it would be medically inadvisable for him/her to attempt the aforementioned test.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Type or Print the following:**

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**REQUEST TO PARTICIPATE IN THE (P.A.T) PHYSICAL AGILITY  
TEST WITH THE CORAL GABLES FIRE DEPARTMENT.**

**THE CORAL GABLES FIRE DEPARTMENT  
HOLD-HARMLESS AGREEMENT**

I certify that, I \_\_\_\_\_, the undersigned, do hereby release the CORAL GABLES FIRE DEPARTMENT, CORAL GABLES FIRE TRAINING DIVISION and THE CITY OF CORAL GABLES from any liability due to injury or illness that may occur to me as a result of participating with equipment supplied by the CORAL GABLES FIRE DEPARTMENT TO PERFORM THE (P.A.T) PHYSICAL AGILITY TEST AT THE CORAL GABLES FIRE DEPARTMENT.

I have also read the request for permission and am fully aware of the requirements and risks associated with the (P.A.T) PHYSICAL AGILITY TEST and certify I am authorized to sign the request for permission and hold harmless form.

In consideration for my participation in the P.A.T., I hereby agree, to the fullest extent permitted by laws and regulations, to release and hold harmless the City of Coral Gables, its appointed and elected officials, attorneys, administrators, consultants, agents, and employees from and against all claims, damages, losses, and expenses direct, indirect, or consequential arising out of or resulting from my participation in the P.A.T and that is caused in whole or in part by either (i) any willful, intentional, reckless, or negligent act or omission of the City, or the City's officers, agents, or employees; or (ii) any willful, intentional, reckless, or negligent act or omission of any individual or entity not a party to this agreement. I further release and hold the City harmless as to all damages, losses, and expenses directly arising out of or resulting from, in whole or in part, any tortious conduct, intentional acts, malicious conduct, and negligent acts and/or omissions, on the part of the City

I understand this authorization will be valid for every occasion on which I participate in the (P.A.T) PHYSICAL AGILITY TEST, unless it is revoked in writing and such written notification is received and acknowledged by the CORAL GABLES FIRE DEPARTMENT.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Name)

STATE OF FLORIDA/COUNTY OF MIAMI-DADE

Before me personally appeared \_\_\_\_\_ to me well known and known to me to be the persons described herein and who executed the foregoing instrument. And acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public State of Florida at Large  
My Commission Expires: \_\_\_\_\_