

Pinos Altos Volunteer Fire/Rescue

Annual Hose Test

Test Supervisor: _____

Test Date: ____/____/____

Hose ID Number	Hose Location	Hose Size	Hose Condition	Purchase Date	Made by:	Last Test Date	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
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10							
11							
12							
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14							
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16							
17							
18							
19							
20							

LEGEND

- Hose ID Number:** Local ID Provided by each Fire Department for each hose.
- Hose Location:** Equipment where hose is assigned, and/or position: crosslay, preconnect, hose bed, storeag, etc.
- Hose Size:** Hose Diameter
- Hose Condition:** Use... Poor, Fair, Good, Replace, etc.
- Purchase Date:** If known
- Made By:** Manufacture
- Last Test Date:** Last known Test Date
- Remarks:** Remarks pertaining to condition...e.g.: Stained, Abrasion, Coupling Damaged, etc: