



Candidate Physical Ability Test Evaluation Form

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|--|--|---|--|
| CANDIDATE NAME (Please Print) | | | DATE: |
| Last: | First: | MI: | SSN or ID #: |
| EVENT 1 STAIRCLIMB | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> 1st Fall or Dismount During Warm-up <i>Warm-up re-started</i> | <input type="checkbox"/> 2nd Fall or Dismount During Warm-up <i>Warm-up re-started</i> | <input type="checkbox"/> Disqualification <i>(Falls or Dismounts during test or 3rd time during warm-up)</i> | Elapsed Time at Disqualification: |
| <input type="checkbox"/> 1st Warning <i>Grasped wall or equipment for weight bearing</i> | <input type="checkbox"/> 2nd Warning <i>Grasped wall or equipment for weight bearing</i> | <input type="checkbox"/> Disqualification <i>(Fall or Dismount)</i> | |
| EVENT 2 HOSE DRAG | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> Disqualification <i>Fails to go around drum or goes outside marked path</i> | | | Elapsed Time at Disqualification: |
| <input type="checkbox"/> 1st Warning <i>No knee contact w/ ground during hose pull</i> | <input type="checkbox"/> 1st Warning <i>Knee outside box during hose pull</i> | <input type="checkbox"/> 1st Warning <i>1 step outside marked box during hose pull</i> | |
| <input type="checkbox"/> Disqualification <i>No knee contact w/ ground during</i> | <input type="checkbox"/> Disqualification <i>Knee outside box during hose pull</i> | <input type="checkbox"/> Disqualification <i>2 steps outside marked box</i> | |
| <input type="checkbox"/> Disqualification | | | |
| EVENT 3 EQUIPMENT CARRY | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> Disqualification <i>Saw dropped to ground during carry</i> | | | Elapsed Time at Disqualification: |
| <input type="checkbox"/> 1st Warning | <input type="checkbox"/> Disqualification | | |
| EVENT 4 LADDER RAISE & EXTENSION | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> 1st Warning <i>Misses rung during raise</i> | <input type="checkbox"/> Disqualification <i>Misses rung during raise</i> | | Elapsed Time at Disqualification: |
| <input type="checkbox"/> Disqualification <i>Allows ladder to fall during raise, safety lanyard activated</i> | | | |
| <input type="checkbox"/> Disqualification <i>Does not maintain control of rope halyard in a hand over hand manner, allowing rope to slip in an uncontrolled manner</i> | | | |
| <input type="checkbox"/> 1st Warning <i>Steps outside box</i> | <input type="checkbox"/> Disqualification <i>Steps outside box</i> | | |
| EVENT 5 FORCIBLE ENTRY | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> 1st Warning <i>Steps inside toe-box</i> | <input type="checkbox"/> Disqualification <i>Steps inside toe box</i> | | Elapsed Time at Disqualification: |
| <input type="checkbox"/> Disqualification <i>Does not maintain control of sledgehammer - released from both hands</i> | | | |
| EVENT 6 SEARCH | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> Disqualification <i>Requested assistance requiring an assisted extraction</i> | | | Elapsed Time at Disqualification: |
| EVENT 7 RESCUE | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> 1st Warning <i>Grasps or rests on drum</i> | <input type="checkbox"/> Disqualification <i>Grasps or rests on drum</i> | | Elapsed Time at Disqualification: |
| <input type="checkbox"/> Disqualification | | | |
| EVENT 8 CEILING BREACH AND PULL | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> 1st Warning <i>Steps outside boundary</i> | <input type="checkbox"/> Disqualification <i>Steps outside boundary</i> | | Elapsed Time at Disqualification: |
| <input type="checkbox"/> 1st Warning <i>Drops pike pole to ground</i> | <input type="checkbox"/> Disqualification <i>Drops pike pole to ground</i> | | |
| BETWEEN EVENTS | | | Check all boxes that apply <input type="checkbox"/> Self Elimination |
| <input type="checkbox"/> 1st Warning <i>Running</i> | <input type="checkbox"/> Disqualification <i>Running</i> | | Elapsed Time at Disqualification: |
| Use this column if candidate fails an Event | | | |
| Lead Proctor's Name | | Event # _____ Event Proctor's Name | |
| Lead Proctor's Signature | | Event Proctor's Signature | |
| Candidate's Signature | | | |
| Time on Clock at Finish | | Min. Sec. | PASS / FAIL / DQ |