

Candidate Physical Ability Test Evaluation Form

D.O.B.

EEO 1

CANDIDATE NAME (Please Print)

Date:

Last: _____ First: _____ Middle Initial: _____

SSN: _____ / ____ / ____

EVENT 1 STAIR CLIMB Check all boxes that apply

<input type="checkbox"/> 1 st Fall or Dismount During Warm-up (Warm-up restarted)	<input type="checkbox"/> 2 nd Fall or Dismount During Warm-up (Warm-up restarted)	<input type="checkbox"/> Failure (Falls or Dismounts Step #111 third time during Warm-up)	Elapsed Time at Failure: _____
<input type="checkbox"/> 1 st Warning (Grasped wall or equipment for weight bearing)	<input type="checkbox"/> 2 nd Warning (Grasped wall or equipment for weight bearing)	<input type="checkbox"/> Failure (Grasped wall or equipment for weight bearing)	

EVENT 2 HOSE DRAG Check all boxes that apply

<input type="checkbox"/> Failure (Fails to go around drum or goes outside marked path)		Elapsed Time at Failure: _____
<input type="checkbox"/> 1 st Warning (No knee contact with ground)	<input type="checkbox"/> Failure (No knee contact with ground)	Elapsed Time at Failure: _____
<input type="checkbox"/> 1 st Warning (Knees outside boundary)	<input type="checkbox"/> Failure (Knees outside boundary)	Elapsed Time at Failure: _____

EVENT 3 EQUIPMENT CARRY Check all boxes that apply

<input type="checkbox"/> Failure (Saw dropped to ground during carry)		Elapsed Time at Failure: _____
<input type="checkbox"/> 1 st Warning (Running)	<input type="checkbox"/> Failure (Running)	Elapsed Time at Failure: _____

EVENT 4 LADDER RAISE AND EXTENSION Check all boxes that apply

<input type="checkbox"/> 1 st Warning (Misses rung during raise)	<input type="checkbox"/> Failure (Misses rung during raise)	Elapsed Time at Failure: _____
<input type="checkbox"/> Failure (Allows ladder to fall during raise, safety lanyard activated)		Elapsed Time at Failure: _____
<input type="checkbox"/> Failure (Does not maintain control of rope halyard in a hand over hand manner, allowing rope halyard to slip in an uncontrolled manner)		Elapsed Time at Failure: _____
<input type="checkbox"/> 1 st Warning (Steps outside boundary)	<input type="checkbox"/> Failure (Steps outside boundary)	Elapsed Time at Failure: _____

EVENT 5 FORCIBLE ENTRY Check all boxes that apply

<input type="checkbox"/> 1 st Warning (Steps inside toe-box)	<input type="checkbox"/> Failure (Steps inside toe-box)	Elapsed Time at Failure: _____
<input type="checkbox"/> Failure (Does not maintain control of sledgehammer so that it is released from both hands while swinging)		Elapsed Time at Failure: _____

EVENT 6 SEARCH Check all boxes that apply

<input type="checkbox"/> Failure (Requested assistance requiring opening of an escape hatch or the entrance/text covers)	Elapsed Time at Failure: _____
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EVENT 7 RESCUE Check all boxes that apply

<input type="checkbox"/> 1 st Warning (Grasps or rests on drum)	<input type="checkbox"/> Failure (Grasps or rests on drum)	Elapsed Time at Failure: _____
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EVENT 8 CEILING BREACH AND PULL Check all boxes that apply

<input type="checkbox"/> 1 st Warning (Steps outside boundary)	<input type="checkbox"/> Failure (Steps outside boundary)	Elapsed Time at Failure: _____
<input type="checkbox"/> 1 st Warning (Drops pike pole to ground)	<input type="checkbox"/> Failure (Drops pike pole to ground)	Elapsed Time at Failure: _____

Lead Proctor's Name	Use this column if candidate fails an Event
Lead Proctor's Signature	Event # _____
Candidate's Signature	Lead Proctor Name _____
	Signature _____

Time on Clock at Finish:

Min. _____ Sec. _____

Pass / Fail

(Circle One)