

Candidate Physical Ability Test Evaluation Form

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 StepMill 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)	Elapsed Time at Failure:
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 EXTENTION 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/exit covers)			Elapsed Time at Failure:
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:
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:
			Use this column if candidate fails an Event
Lead Proctor's Name		Event # _____	
Lead Proctor's Signature		Lead Proctor Name	
Candidate's Signature		Signature	

Time on Clock at Finish:

Min. _____ Sec. _____

Pass / Fail

(Circle One)