Practical Skills Test Evaluation

Licensing and Regulatory Affairs Bureau of Fire Services Office of Fire Fighter Training P.O. Box 30700, Lansing, MI 48909 517-241-8847

Authority: 1966 PA 291

LOCATION		COURSE / EXAMINATION NAME		COURSE / EXAMINATION NUMBER		
DATE		TEST TEAM LEADER (Print)				
Student No.	Evaluator	Credentials (FF I, F II, 240 Hr., etc			Credentials (FF I, FF II, 240 Hr., etc.)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
condition. T	test proctor should insure safety he proctor has the authority to sto				1	
Check the following: 1. Is the physical site adequate to accommodate the testing?					Yes	No
	e testing stations properly separated a					
	testing stations have the correct equ , nozzles, ladders, etc.)	ipment as recommended by th	e OFFT to properly evaluate the	test candidate?		
	e an adequate ration of evaluators t require 1 evaluator)	o test candidates? (minimum	n of 1 evaluator per station - a	combined station		
	fficient safety precautions being taker roved protective clothing and equipme		ead?			
	e evaluators read the station direction	• • • •	seu:			
8. Did yo	u (the proctor) check each test candid	late's I.D.?				
	u (the proctor) and the Course Managecuracy?	ger or designee review the Pra	ctical Skills Examination sheets	for completeness		
-	ritem is marked NO, identify by it	•	comment section.			
Proctors Cor	nments (Attach addendum if necessa	ary)				
	ewed this evaluation and understar ment or disagreement.	d my signature does not	I have reviewed this evaluat Designee and provided him o		e Manager ar	nd his or her
	Course Manager or Designee's	Signature	Proctor / Tr	aining Coordinator's	s Signature	
	<u> </u>		<u></u>			

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