

# SPOT CHECK EXAMINATION RESULTS FORM

Department & Exam Information	
Name of Department(s) Tested:	
Exam Date:	Attempt (circle one): 1st    2nd    3rd
Certification Level Tested:	Exam Given (circle one):    A    B    C
Training Record Information	
<b>Review the following for completion and check the box to signify records are in order:</b>	
<input type="checkbox"/> Training Records Checked	
<input type="checkbox"/> Department "In-House" Comprehensive Examination Checked	
Discrepancies / Corrective Action Needed:	
<input type="checkbox"/> Examination Attendance Roster Completed	
<input type="checkbox"/> Participants tested on all skills for exam listed	
Tester Comments:	
<b>All Testers MUST sign: By my signature below I certify that as an assigned tester of this exam, I/We conducted this exam following all Policies and Procedures of the Utah Fire Service Certification Council.</b>	
X	X
X	X
X	X
X	X

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**Instructions: As Lead Tester for this exam you are responsible for completion of this form.**

1. Write each candidates name below ensuring all who tested are listed.
2. Place a P or F in the box of the appropriate attempt taken.
3. List the actual number of the skill the candidate failed. List all skills failed if more than one.

Candidate Name (Please Print)	1st Attempt	2nd Attempt	3rd Attempt	Skill(s) Failed
<i>Sample: Jane Smith</i>	<i>P</i>			
<i>Sample: John Doe</i>	<i>F</i>	<i>P</i>		
<i>Sample: Joe Davis</i>	<i>F</i>	<i>F</i>		<i>#15b</i>
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