SPOT CHECK EXAMINATION RESULTS FORM

Department & Exam Information	
Department Requesting Exam:	
Additional Depts Testing:	
Exam Date:	Attempt (circle one): 1st 2nd 3rd
Certification Level Tested:	Exam Given (circle one): A B C Aw Op Tech Live Build

Training Record Information
Review the following for completion and check the box to signify records are in order:
☐   Training Records Checked
☐   Department "In-House" Comprehensive Examination Checked
Discrepancies / Corrective Action Needed:
☐   Examination Attendance Roster Completed
☐   Participants tested on all skills for exam listed
Tester Comments:
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.

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 candidate's 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
Sample: Jane Smith	P			
Sample: John Doe	F	P		
Sample: Joseph Davis	F	F		#15b
1.				
2.				
3.				
4.				
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11.				
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19.				
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21.				