

Employee Work Capacity Test Record

Part One To be completed by employee prior to testing:

Name (Last, First) _____ Date _____

Unit (Forest, District, Field Office) _____

Employee Supervisor _____

ICS Position for which test is required (highest needed) _____

Performance Level Needed (check one) Arduous ____ Moderate ____ Light ____

Type of Test Taken (check one) Pack Test ____ Field Test ____ Walk Test ____

Part Two To be completed by test administrator prior to testing:

	Pack Test	Field Test	Walk Test
Pack Weight	45 lbs.	25 lbs.	None
Distance	3 miles	2 miles	1 mile
Time (adjusted for elevation)	_____ miles	_____ minutes	_____ minutes

Test Result (check one) Pass ____ Fail ____ Not Completed ____

Comments (Note first-aid treatments required, problems observed, or complaints made by individual)

I Certify The Work Capacity Test Was Administered According To WCT Administration Guidelines.

Signed:
Test Administrator _____ **Date** _____

Distribution: Unit Fire Program Manager (for Fire Qualification Record), Employee's Official Personnel Record, Test Administrator