

## 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)	_____ minutes	_____ 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