Appendix D—Sample Work Capacity Test Data Sheet

WORK CAPACITY TEST DATA SHEET

Agency_____ Date_____

Unit_____ Crew_____

Test administrator_____

Initials*	Participant's name	Test P=Pack F=Field W=Walk	Time (min:sec)	Comments
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*Candidate's initials indicate completion of the health screening questionnaire.

REMARKS: Document test site conditions such as temperature, relative humidity, windspeed, elevation, and so forth.