

# Colorado Division of Fire Prevention & Control

## Practical Examination Check Sheet

**The Practical Examination Check Sheet shall be utilized for Internal/Auditing Purposes Only.**

Please use one Check Sheet for each Practical Examination. (Indicate the Practical Examination administered in the box provided below.)

(The Lead practical Proctor must retain Practical Examination Check Sheet(s) for a period of 3 years. Copies should be provided and retained by the AHJ Training Division.)

Fire Fighter: <input type="checkbox"/> I <input type="checkbox"/> II	Fire Instructor: <input type="checkbox"/> I <input type="checkbox"/> II	Haz Mat: <input type="checkbox"/> Awareness <input type="checkbox"/> Ops <input type="checkbox"/> Tech	Other: _____
--	---	--	--------------

Candidate's Name: _____	Candidate's Signature: _____
-------------------------	------------------------------

Last 4 of Candidate's SSN: _____	Practical ID #: _____
----------------------------------	-----------------------

1.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

2.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

3.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

4.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

5.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

6.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

7.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

8.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

9.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

10.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

11.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

12.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

13.) Station # _____	JPR# _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Try ( <input type="checkbox"/> Pass <input type="checkbox"/> Fail)	Proctor Initials: _____
Comments: _____				

Lead Proctor's Signature: _____	Printed Name: _____
---------------------------------	---------------------

Assistant Proctor Name: _____	Date: _____
-------------------------------	-------------